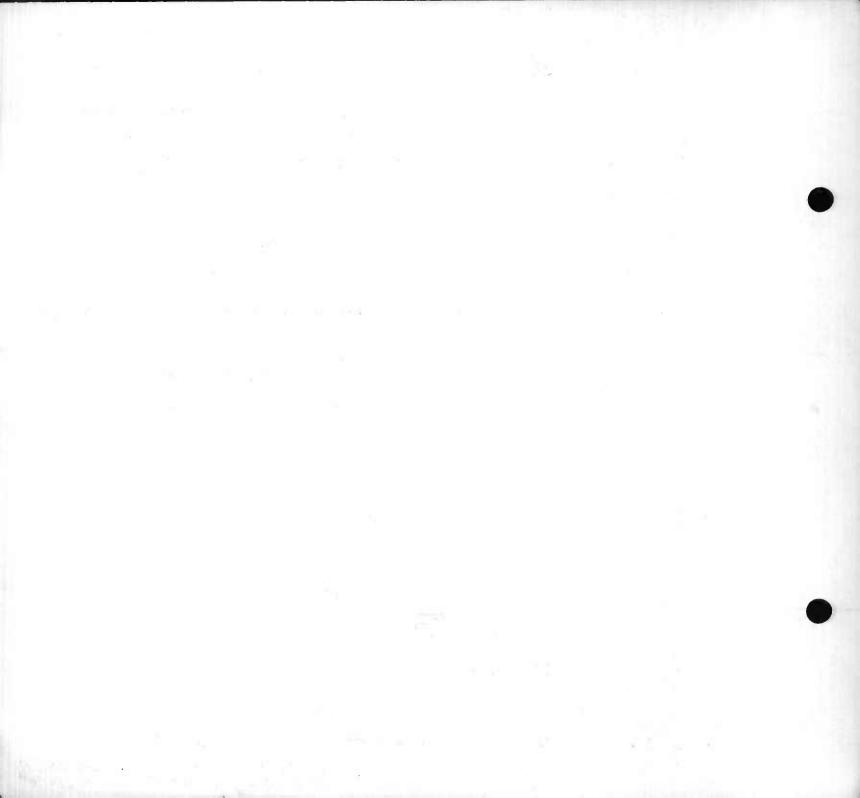
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1	r his assistant if death Also, if the direct or c t of any kind; (4) Under tounced death was in thendance on the dec ned or final disposition
FUNERAL DIRECTOR: IMPORTANT	きに べる こば
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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ABIRTI	-435	70	3501		CATE OF DE		REG. NO	70	3501
	AME OF DECEASED	Vin	12- 7			2. DATE AND HE	OUR OF DEATH	Н	130
FULI	L NAME OF OF ADE	OT IN HOSPITA	AL OR INSTITUTION	ON, GIVE STREET	MARY OR TOW	N MORE	D. IN	SIDE CITY LIA	2737
5. SE	TRANADA		NG HOM		1/80	me Cle	an 81	VD.	
J. 3E	6. RACE		MARRIED ₩	NEVER MARRIED	E 6/0/		GE (In years birthday)	Il Under Months	Tyr. If Under 24 Hrs. Days Hours Min.
done	USUAL OCCUPATION (during most of working life	, even if refired)	108 KIND OF BU	SINESS OR INDU	MAIZY	(State or larging co	ountry)		EN OF WHAT COUNTRY
15. W (Yes,	ATHER'S NAME JOSEPH Tos Deceosed Ever in Uno or unknown) (If yes, g	S Amed Fore	of service)	SOCIAL SECURITY NO.		CCH			ADDRESS
	18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart latiture, asthenio, etc. il means the disease, injury or complication which coused doub.) (A) IMMEDIATE CAUSE Lobe, In tastatic DUE TO, OR AS A CONSEQUENCE OF:								
ri	ANTECED DISEASES OR CONE rise to the above UNDERLYING CONDIT	cause (A)	ny, giving slaling lhe	(B) B b	or cho genic	OF:	na,Rt.ye	rer labe	· / year
ATI	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 9A DATE OF OPERATION	NDITIONS CON TRELATED TO THE GIVEN IN PART	E TERMINAL 1 (A). STION FOR WHI	CH OPERATION	20A. AUTOPSY	? (Yos or No) 208	L IF YES, WERE	FINDINOS (AUSES OF D	CONSIDERED
7 0	TA. ACCIDENT WAS UPOR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT	AUSE OF	21 & PLA home, f	CE OF INJURY (e	.g., in or about 21 C. WH t affice bldg., INJURY	ERE DID OCCUR?	(If In Baltima	re City, give	exect location)
AED S	OF INJURY APPROX	(Day) (Year)	(Hour) 21E, IN. While A	Not A	While -	W DID INJURY (OCCUR?		
el	22. I certify that (1) (this hospital) attended the deceased from 25 February, 19 70 to 30 May on 19 0 that (1) (we) last saw the deceased alive on 30 May on 19 0 and that is (my) (our) apinion death accurred on the date and haur and from the causes stated above (1) (We) (dld) (did not) view the body ofter death.								
23	Rater C	. Black		12	Attending Med			30 m	SIGNED with 19713
	3C. PHYSICIAN'S NAME (Type) ROBERT L. BURIAL CREMATION,	BLACK!	MON		23D. ADDRESS PROVIDEN	I CAMP. C	ENTER. T	BALTO.	M.
13	BURIJL	4/2/7	O HOLY	OF CEMETERY OF		BAL)	DMORE	ity, town, or	
ZDA.	DATE REC'D BY HEALT		258 NAME OF R		25C. FUNERAL				



	1-525	- Mario	1		HEALTH DEPARTME		70	3502
-	TH NO.	70	3502	CERTIFICA	TE OF DEAT	TH REG. NO	,	3,000
	Pe or Print)	UBV	BUO	HNSON	2. DA	TE AND HOUR OF DEAT	Н	250 1
3.	PLACE IN BALTIM	ORE MARYLAND	WHERE PRON		4. USUAL RESIDENCE	(Where deceased lived, If	institution: resi	idence before edmission)
HC	ILL NAME OF DSPITAL OR STITUTION	(IF NOT IN HO ADDRESS OR L	SPITAL OR INST	TUTION, GIVE STREET	C. CITY OR TOWN PALTIMO	D. IN	RYCA I	NTS?
1				- HOSPITAL	E. STREET AND NUM 3437		YES X	NO L
5. 5	EX 6.	RACE WHITE	WIDOWEL	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Months D	1 Yr. If Under 24 Hrs. Pays Hours Min.
10Å	USUAL OCCUPA	TION (Give kind of	work 108, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole		12. CITIZE	N OF WHAT COUNTRY?
	HOUSE		-		VIRGIN	14	U	SA
13.	FATHER'S NAME				14. MOTHER'S MAIDE	N NAME		
	WIL	LIAM	BRVAI	VT	BESSI	E Maca	RAIL	CF
S. Ye:	Was Docoosed Eventor or unknown) (If	yes, give wor or	forces/ dotes of service)	1 6. SOCIAL SECURITY NO.				
	NO			225-03-6411	CLARENCE J.	JOHLOON, 43	87 KOS.	AND AVE-
	18. 410.	91		CAUSE OF DEAT			/	APPROXIMATE INTERVAL
		OR CONDITION			20.75	N (- 2 A A A		1 22.6
Ì	(This does not heart lailure, ast injury or complic	henia, etc. Il me	one the disease	(A) IMMEDIATE CAL DUE TO, OR AS	A CONSEQUENCE OF:	INFARC	7111	10 121473
		ECEDENT CAU		A 8-7-8	LA SOLEANTI	c a a a \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		?
	DISEASES OR	CONDITIONS,	if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	C CARDIOVA	SCOLAR	***************************************
	rise to the d	bove cause 1	A) stoling the			2/0(1/	3	
		11		(c)	***************************************			************
ATION	OTHER SIGNIFICATION THE DEATH BE	UT NOT RELATED T	O THE TERMINAL	***********************				***************************************
ERTIFIC		ERATION 198 C	ONDITION FOR	WHICH OPERATION WAGINAL STUM	20A. AUTOPSY? (Yos	or No. 208, IF YES, WERE IN CERTIFYING C.	FINDINGS CO	ONSIDERED ATH?
CALC	21A. ACCIDENT VOR CONTRIBUTION DEATH (notify me	WAS UNDERLYING CAUSE OF	G[7] [2]	B. PLACE OF INJURY (e.g., In	or obout 21C. WHERE D	OID (If In Boltime	ore City, give o	exoct location)
	21 D. TIME (M OF INJURY (APPROX.)	onth) (Doy) (Ye	w	LINJURY OCCURRED hile At At Work		D INJURY OCCUR?		
	22. I certify tha	t (1) (this hospi		the deceased from	13/10	19 <u>70 ta 4</u>	11	19 70
- 1	that (I) (we) los			3 4	11 19 70 01	nd that In (my) (our) op		
	and have and fro	om the causes :	stated obove	(I) (We) (did) (did not) v	lew the body after de	oth.		
	23A. SIGN AT URE	. ,	11/	iller.			23B, DATE S	SIGNED
4	w	Mu	W	DEGREE Phys	nding Med. Director	Stoff Phys.	4	11/70
	23C. PHYSICIAN'S NAME (Type)				23D. ADDRESS	/	1	
V .	AUGIAL COST	MICHA	EL C.	V. YEN MD DEGREE	MARYL	AND GENE	ERAL	HOSP
(4A	REMOVAL ISpec	ify)	24C. N		MATORY 2		ity, town, or c	countyl (Stote)
	Mey, / Eur			THILLHEMALIN		LYNCHBURG,		
A	PR 3 197	O Riches	E. Vaiber	OF REGISTRAR	25C. FUNERAL DIRE	DELAL HOME	FOR LY	DIELA HOLE
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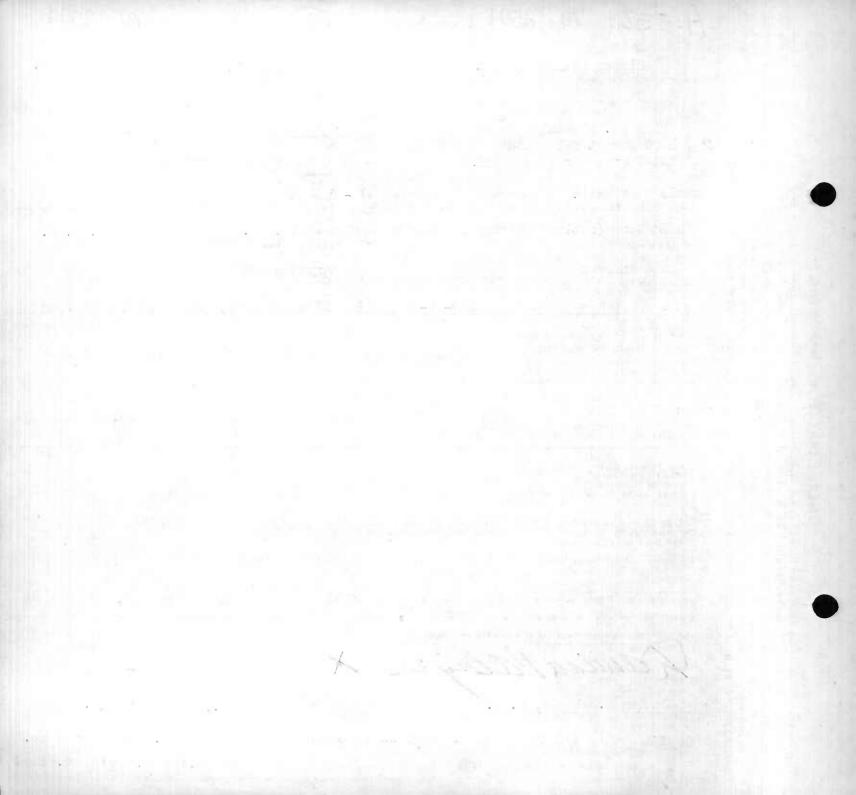
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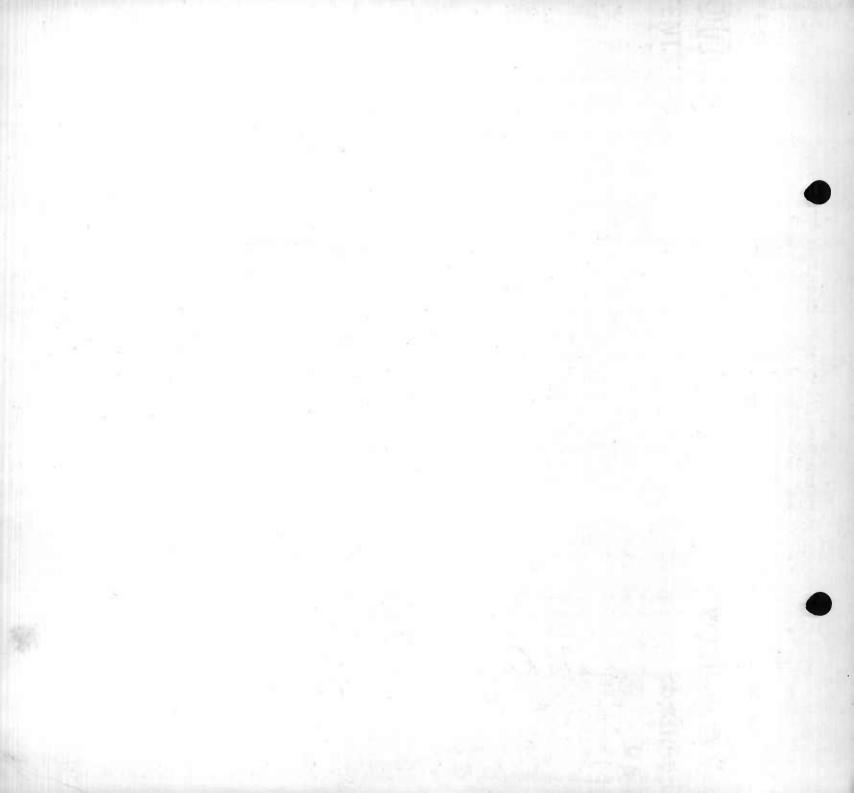
BALTIMORE CITY HEALTH DEPARTMENT



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.
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1	36 70	2501	BALTIMORE CITY	HEALTH DEPARTMENT		70 3504
M-5 =	6	2204	CERTIFICA	TE OF DEATH	REG. NO	10 3004
INAME OF DE	CEASED			2. DATE A	ND HOUR OF DEATH	
(Type or Print)	Sister Rosina	Androus				1 9:05 a. M
	LTIMORE MARYLAND, W				re deceased lived. If in	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Maryland C. CITY OR TOWN	Baltimore	IDE CITY LIMITS?
et 1 .	a St. Michael			Baltimore		YES X NO
1 - 1	Forest Hill F			E. STREET AND NUMBER		
Balt:	imore, Marylan			4000 Forest H		Tit II. II. II. II. II. II. II. II. II. II
Female	White		NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
		WIDOWED		7 - 1 - 70 11. BIRTHPLACE (Stote or fore	99	
dane during most of	working life, even if retired)			II. BIKIMPLACE (Store of fore	ign country)	12. CITIZEN OF WHAT COUNTRY
	Care (retired)	Sister	of Charity	Titusville, Pa		U.S.A.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
Jacob	Andrews			Mary Hinche	n	
	d Ever in U. S. Armed For		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	in yes, give war ar dole	3 UI SCIVICE	000000	1 Sister And	1.000 T	
11B. // V	/ / 1		CAUSE OF DEAT		геа, 4000 го	orest Hill Road
40	SE OR CONDITION DIE	PECTLY				BETWEEN ONSET AND DEATH
0.027	LEADING TO DEATH	(ECIE)	AND MARKEDIATE CAL	JSE Right Pneumo	nitis	l week
heart failure	nat mean the made at , asthenia, etc. It means mplication which caused	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	111.010	
injuly di co	ANTECEDENT CAUSES	000111.7	Cardio	Vascular Colla	200	7 3000
DISEASES			(8)	A CONSEQUENCE OF:	pse	l day
	OR CONDITIONS, if the above cause (A)		DOE 10, OK AS	A CONSEQUENCE OF		
UNDERLYIN	G CONDITION lost.		(c)			
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO TI	HE TERMINAL	None			
19A. DATE O	F OPERATION GIVEN IN PAR F OPERATION 198 CON WAS PERI	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or N	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner		e, form, factory, street, a	ffice btdg., INJURY OCCUR?	(If in Baltimar	re Clly, give exoct location)
21 D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN.	URY OCCUR?	
S OF INJURY			le At Not Whit			
		Wo			60	70
	y that (1) (this haspital			_	19 52 10 Marc	
that (1) (we) last saw the decease	d alive an	March 31,	19(Uand the	nat in (my) (aur) api	nian death accurred an the date
and hour ar	nd from the causes stat	red abave. (I) (We) (did) (did nat) v	view the bady after death.		
23 . SIGNAT	URE	Ma	1.	14		23 B. DATE SIGNED
23C.PHTSICI.	ANS	rac	Decky Phy	Med. Director 23D. ADDRESS	Stoff Phys.	April 1, 1970
	an P. Alagia,	M D		2226 Frank -1-	Assa Relti	more Md 21220
MA BURIAL CR	EMATION, 248, DATE		DEGREE AME of CEMETERY OF CR	3326 Frederick	OCATION (CI	ity, town, or county) (Stote)
BURIAL		O VIII	LA-SETON	on grounds of	Seton Tret	.6400 Wabash Av.
	D BY HEALTH DEPT.	2SB NAME C		2SC. FUNERAL DIRECTO	R	ADDRESS
APR 3 1	970 P. Bes E.	Taber, 1		STEWART & MO	WEN CO.108	W.North Av.Cktyl
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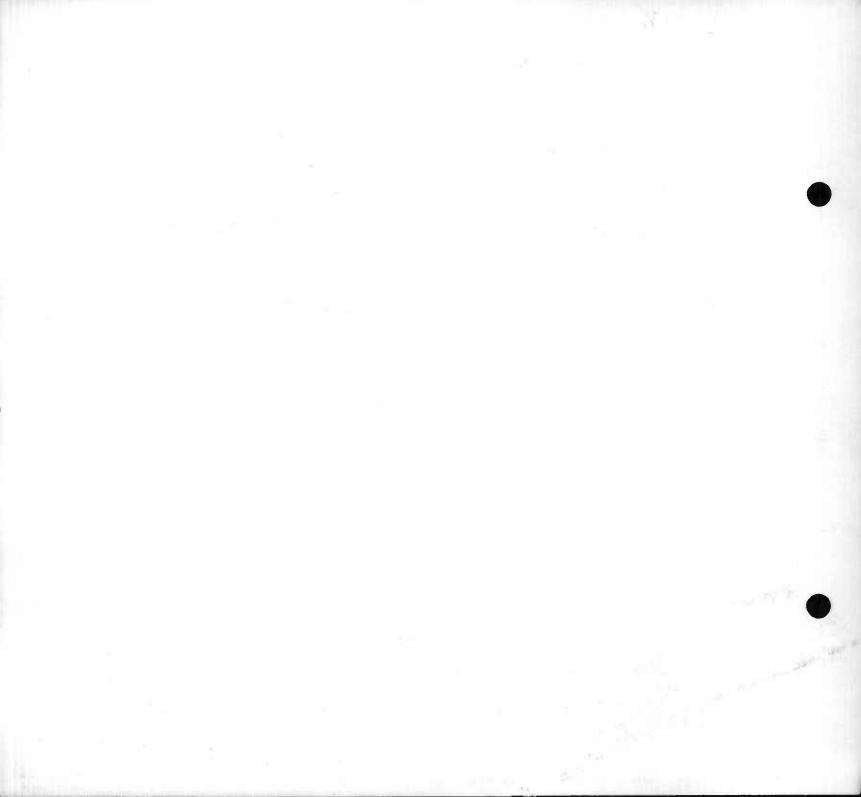




-	T 100	BALTIMORE CITY	HEALTH DEPARTMENT	Proc	
111177	70 350 TH NO.	06 CERTIFICA	TE OF DEATH	REG. NO. 70	3506
	THE OF DECEASED JAMES	TOBIAS	2. DATE AN	D HOUR OF DEATH	12:15 A
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE IWHER	e deceased lived. If institution:	rosidence belore udmission)
H	JLL NAME OF (IF NOT-IN HOSPITAL OR II	ASTITUTION, GIVE STREET	MARATA	D, DSY	1203
IN	CHURCH HOI	WE &	C. CITY OR TOWN BALT M	D. INSIDE CITY	
L		SPITAL	E. STREET AND NUMBER	s. Poon	SQ. (31)
	M WIDO		4/22/05	ast birthdoy) Months	er 1 Yr. II Under 24 Hrs.
10	4	ired	11. BIRTHPLACE (State or losei	gn country) 12. CIT	TIZEN OF WHAT COUNTRY
13.	FATHER'S NAME	rine Engineer	14. MOTHER'S MAIDEN NAM	AE _	23/4
	Henry T	001115	- 4	en Den Den	W.
15. (Ye	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (ii) yes, give war at doles of serv	icel 16. SOCIAL	17. INFORMANT	(Helinste)	ADDRESS
L	Sulfueur	217-14-2157	Media Consol	source of	are toster
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	masique.	myocardia	APPROXIMATE INTERVAL
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE inforcación	and	(0 Dus (?
	(This daes not meon the mode of dying, heart failure, asthenia, etc. It means the dise injury ar complication which caused death.)	e.g.,	A CONSEQUENCE OF:	menary	***************************************
	ANTECEDENT CAUSES	0.00	2000 s	Soil & Groot	4,000.0
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	The contract	o caragina
	nise Ia The abave cause (A) staling UNDERLYING CONDITION last.	the (c) Poli	Que Prumo	nary.	Independe
NO	OTHER SIGNALS AND SOLUTIONS OF THE SOLUT			Modern	
Æ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL	***********************		**************
CERTIFIC	19A. DATE OF OPERATION 19E. CONDITION F WAS PERFORMED	OR WHICH OPERATION	NO NO	208, IF YES, WERE FINDING	S CONSIDERED DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medico) examine?	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, old otc.)	ar obout 21 C. WHERE DID	(II In Baltimare City, gl	ve exect (ecotion)
MEDI	OF INJURY (Manth) (Doy) (Year) (Haus)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
-	(APPROX.)	White At Not White Not Work			
	22. I certify that (1) (this hospital) attend that (1) (we) lost saw the deceased alive	7.	19 70 and the		De 31 1970
	and hour and fram the causes stated abov			t intary (our) opinion dec	th accurred an the date
	23A. SIGNATURE	y et d'or (craftata gol) vi	tew the bady after death.	238, DA	TE SIGNED
	Colombo Ma	DEGREE Phys	nding Med. Director	traff hys.	13/120
	POLANDO A. M.	BU, KKOKUZ	3D. ADDRESS	Loady ay	3/33/
24/	BURIAL CREMATION, 24B, DATE 246 REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE	MATORY 24D LO	CATION (City, lawn,	or county) (Stote)
L	Burial 4-1-1970	Washington Memor		m, Long Island,	New York
A	PR 3 1970 Back E. Jack	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Inc. 1901-07	Address Eastern Ave.
VS	150-REV. 1/1/68				



)-62b 70 3507		HEALTH DEPARTMENT 70 3507
	TH NO.	CERTIFICA	TE OF DEATH REG. NO.
	pe of Printly pRICHARD, Agne	es	2. DATE AND HOUR OF DEATH 3/31/70 11:55 P.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE IWhere deceased lived. Il institution: residence before admission A. STATE B. COUNTY
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE	ON, GIVE STREET	Maryland 704
N	OSPITAL OR ADDRESS OR LOCATIONI		C. CITY OR TOWN D. INSIDE CITY LIMITS?
ĺ	3.3		Baltimore YESXX NO
	The Johns Hopkins Hospit	al	926 N. Broadway
. ;	EX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Ye . If Under 24 His
	emale Negro widowed	DIVORCED	10/30/16 last birthdoy) 53
lor	USUAL OCCUPATION (Give kind of work 108, KIND OF BI	JSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
	Presser		South Carolina U.S. a.
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	Miller Jones		Lizzie Stunker
5. Ye	Wae Deceased Ever in U. S. Armed Forces? s,go ar unknown)[(If yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT ADDRESS
7	Co	JECOKIII NO.	Sam Mc Craw 926 11 Broadway
	18.	CAUSE OF DEATI	
	DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	ISE SUBARACHNOID HEMOKRHAGE
	(This does not meen the made at dylng, e.g., heart failure, asthenio, etc. II means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:
	injury at complication which coused death.)	4.0	277 4 4 4 1
	ANTECEDENT CAUSES	(B) HYPE	RTENSION A CONSEQUENCE OF:
	DISEASES OR CONDITIONS, il any, giving rise lo lhe above cause (A) slaling the		
	UNDERLYING CONDITION lost	(c) ///A	BETES MELLITUS
	11		
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	ASPIKAT	TON PNEUMONIA
K	DISEASE OR CONDITION GIVEN IN PART 1 (A).		
CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING 218. PL	ACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID (If In Boltimore City, give exect location)
F	OR CONTRIBUTING CAUSE OF home, etc.)	form, foctory, street, of	fice bldg., INJURY OCCUR?
ממ		JURY OCCURRED	21F. HOW DID INJURY OCCUR?
MEDI	OF INJURY (APPROV) While	At Not While	
	YVOIK	AT WOR	
	22. I certify that (I) (this hospital) attended the	deceased from	3/30 19 70 to 3/3/ 19 76
	that (I) (we) lost saw the deceased alive on 3/	31/10 //	19 70 and that in (my) (our) opinion death occurred on the dat
	ond hour and from the couses stated abave. (1) (We) (did) (did_mat) v	iew the bady ofter death.
	23A. SIGNATUTE		nding Med. Shaff Med. Shaff
	Harvy & Allen	DEGREE Phys	Director Phys.)/3///
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS
	Harvey G. Klein,	M.D. DEGREE	The Johns Hopkins Hospital
4/	BURIAL CREMATION, 24B, DATE 24C, NAM	E of CEMETERY OF CRE	
1	Conserve 7/4/10		Tensperse South Carolin
54	DATE REC'D BY HEALTH PEPT. 258. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR
D	23 1970 P. B. A E. Jackey M.D.	C. III (1) IAA	Jacob Edickson-1127 11. Caylone
Š	TSD-REV. 1/1768	d.	



R-241 70 3508	BALTIMORE CIT	HEALTH DEPARTMENT		
10-240 /U 3508 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	70 3508
1. NAME OF DECEASED . (Type or Print) WILLIAM BI	AGLEY	2. DATE AND H	OUR OF DEATH	16:30
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROM		4. USUAL RESIDENCE (Where de	ceased lived, If institu	utian: residence before admissio
FULL NAME OF HOSPITAL OR INSTAUTION (IF NOT IN HOSPITAL OR INSTAUTION)	TITUTION, GIVE STREET	A. STATE B. COUNTY MARYLAND C. CITY OR TOWN	- N	1607
SINAI HOSPITAL OF	BALTO	BALTIMOAE E. STREET AND NUMBER		EZ NO
42		3116 NOR1	HOUNT	AVE
WIDOWE		9/22/99 1081	70	Under 1 Yr. II Under 24 Hr anths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of warking life, even if relired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stola of loreign c		2. CITIZEN OF WHAT COUNT
CRANE OPERATOR 57	TEEL	MARYLAN	0	U.S.A.
JAMES BACLE	-4	NANIE	CUNKNO	w)
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war or dotas of service		NANIE 17. INFORMANT GERTAUDE BAGL	-/- 71	ADDRESS
100	213-07-0206	SEKTAVOE DAGL	ET 3110	O WORMOUNT ITU
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
(This does not mean the mode of dying, e.	(A) IMMEDIATE CAL			untrem
heart tailure, asthenia, etc. It means the disease	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
injury or complication which caused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, givin rise to the above cause (A) stating the UNDERLYING CONDITION last.	DUE TO, OR AS	A CONSEQUENCE OF:		
II.	(0)		***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 40	to Auntity	(1
DISEASE OR CONDITION GIVEN IN PART 1 (A).	10-70-70-70-70-70-70-70-70-70-70-70-70-70	me //a and,	1	Lastrery
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WAS PERFORMED US 214. ACCIDENT WAS UNDERLYING TO	WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 201	CERTIFYING CAUSES	ONGS CONSIDERED S OF DEATH?
OR CONTRIBUTING CAUSE OF he he DEATH (notify medical examine)	18 PLACE OF INJURY (e.g., in the form, factory, street, all ic.)	n ar about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(if in Baltimare Cit	ly, give exact location)
21D-TIME (Manth) (Dayl (Year) (Haud) 21 OF (NJURY	L INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY	DCCUR?	
22. I certify that (a) (this hospital) attended		MARCH 27. 1976	O to Ac	
that (M'(we) last sow the deceased alive on	A	and the later of t		A 12 1, 19 70 and death occurred on the da
and hour and from the couses stated abave,	(I) (He) (did) (did) (iew the bady after death.		
23A. SIGNATURE	· mo Atte		238	DATE SIGNED
Serely It /19/11	2 DEGREE Phys	Med. Staff Director Phys.		TPA 1,1970
CERALD A. HOE	41N. M.D.	BALTIM		CERS AVE
24A. BURIAL CREMATION, 24B. DATE 24C.1	NAME of CAMETERY OF CRE	MATORY 24D, LOCAT		pwn, at county! (State)
25A. DATE REC'D BY-HEMITH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	4.	ADDRESS C
APR 3 1711 P. Re. R. F. Je. R.	MA 1	Melonchu	boont-1/d	29 11. Carolone

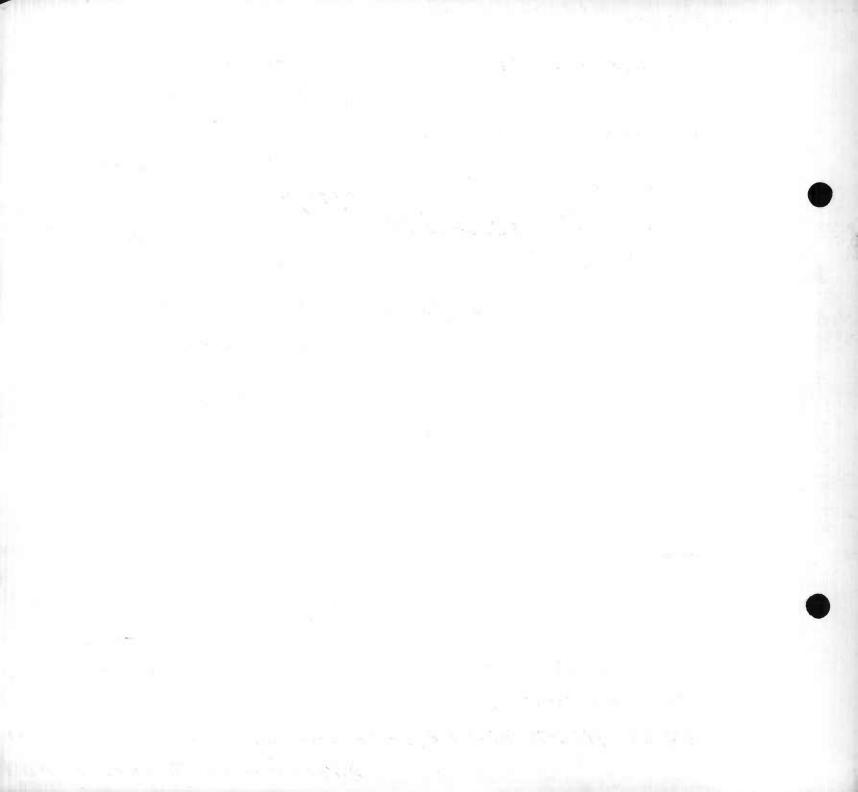


FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT	0 0-00
BIRTH NO. 71 3509 CERTIFICATE OF DEATH	0 3509
1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH	05
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institute the control of t	10-1
A. STATE B. COUNTY	
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARY LAND 2/2/	4 2706
D. INSIDE	CITY LIMITS?
MARYLAND GEN. HOSPITAL E. STREET AND NUMBER	S L NO
48 6108 FAIR OAKS	Aus.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (In years 11)	Under 1 Yr. , If Under 24 Hrs.
WIDOWED DIVORCED See A 7 lost birthday) C 2 M	onlhs Doys Hours Min.
10A IISUAL OCCUPATION/Give bird of working of	2. CITIZEN OF WHAT COUNTRY
CLERK - VIRGINIA	
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	USA
and the Board of the Control of the	MITT
5. Wes Decessed Ever in U. S. Armed Forces? Yes, no or unknown) (II yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	ADDRESS
Tes, no or unknown) (II yes, give wor of doles of service) SECURITY NO.	
NO 291-05-7211 WIFE PAULINE -	15HNSON - SAW
The state of beautiful	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1010110 10 10 10 10 10 10 10 10 10 10 10	
(This does not meen the mode of dying, e.g., heart failure ashesing the mode of the mode of Due TO, or AS A CONSEQUENCE OF:	********
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	*******
ise to the above cause IA) stating the	
UNDERLYING CONDITION last. (c)	
OTHER SIGNIES ANT CONDITIONS CONTRIBUTING CHARLES NICE OF MICENE LY	NE DISEASE
I TO THE DEATH BUT NOT BELATED TO THE TENUMBER	7 700
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPS? (Yes of No.) 20B. IF YES, WERE FIND	
198. CONDITION FOR WHICH OPERATION 20A. AUTOPS (Yes of No) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	OF DEATH?
TOR CONTRIBUTION OF THE PARTY O	y, give exact location)
DEATH (natify medical examined Cause of Death (natify medical examined	77 NITE GAULT IDEUTION
21D-TIME (Manih) (Doy) (Year) (Haud 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not While I	
22. I certify that (I) (this hospital) attended the deceased fram 3-2/ 19 70 to 4	-2 1920
that (1) (we) last saw the deceased alive on 4-2 19 70 and that in(my) (aur) opinion	death accurred on the date
and hour and from the causes stated obave. (1) (We) (did) (did not) view the bady after death.	
23A-SIGNATURE 23B,	DATE SIGNED
Mod. Staff Phys. Degree Phys. Director Phys.	4-2-78
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	7 1 70
MARLITA TOPACIO MARY LAND GRAC	HOSPITA 1
IA. BURIAL CREMATION, 1248, DATE 1240, NAME of CEMETERS	wn, or county) (Stote)
BURIAL APRIL - 70 GARDENS DE CAITH SEM TRUMPA	a A .
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. EUNERAL DIRECTOR DIPOLE BROSINC 7110	RD. MD.
APR 3 1970 Place E. Jake Na DIPPEL BROSINC 7110	RELATO DO
\$ 150-REV. 1/1/68	DE FINIT ME



10.	500		CATE OF DEATH	X REG. NO. 7	0 3510
1.NAM (Type or	E OF DECEASED	IEM	2. DATE AL	NO HOUR OF DEATH	16.15 PM
	CE IN BALTIMORE, MARYLAND, WIND AME OF (IF NOT IN HOSPIT, AL OR ADDRESS OR LOCALITION)	HERE PRONOUNCED DEAD AL OR INSTITUTION, GIVE STREET	A. STATE B. COUN MARYLAND C. CITY OR TOWN	U.S.A. D. INSIDE	ution: residence before odmission) CITY LIMITS? ES NO
4	14	ORIAL HOSPITA	. I C. SINCE! WIND INDIVIDER	- DRIVE	21085
5. SEX	MALE WHILE	7- MARRIED ANEVER MARRIED WIDOWED DIVORCED	1 02-18-09	lest birthday)	Under 1 Yr. If Under 24 Hrs. Conths Doys Hours Min.
done dur	UAL OCCUPATION (Give kind of work ring most of working life, even it retired)	HOUSE WIF	S SCOTLAN	VD	AMERICAN.
	MACNALLY		UNKNO		
(Yos, no c	Deceased Ever in U. S. Armed Feron unknown) (If yes, give war or dolors)	s of service) 16. SOCIAL SECURITY NO.	HUSBAND	SAI	ME AS ABOUE
DIS isse	LEADING TO DEATH is does not meen the mode of in failure, asthenio, etc. Il means my ar camplicotion which caused ANTECEDENT CAUSES EASES OR CONDITIONS, it of the obove cause (A) DERLYING CONDITION lost. II JERSIGNIFICANT CONDITIONS CON THE DEATH BUT NOT RELATED TO THE	deeth.) (B) JETAS Iny, giving stating the (c) (c)	CAUSECARDIO RESPIR AS A CONSEQUENCE OF: TATIC CANCER TAS A CONSEQUENCE OF: LON CANCE	TO LIVER	57
PA ISA	DATE OF OPERATION 198 CONE WAS PERF	ORMED	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
N DEA	ACCIDENT WAS UNDERLYING OCUTION CAUSE OF CAUSE O	21 & PLACE OF INJURY (chome, ferm, foctory, streeted)	g, in or about 21 C. WHERE DID INJURY OCCUR?	(If In Boltimere Ci	ty, give exect locollan)
S OF I	TIME (Menth) (Day) (Year) NJURY PROX.)	(Hous) 21 & INJURY OCCURRED While At Not Not Not Not Not Not Not Not Not No	21F. HOW DID INJ	URY OCCUR?	
that	I certify that (1) (this hospital) (1) (we) lost sow the decease	1 alive an 04-1	19 70 ond th	19 <u>70 to 04 —</u> ot in(my) (our) opinion	n deoth occurred an the date
23A.	PHYSICIAN'S NAME (Type)	Masaki MD, DEGREE MASAKI M.D	Attending Med. Phys. Director D 23D. ADDRESS 33RD AND CALL	Shoff 1231 Phys. C 231 VERT ST, 15	bril-/ 70 BALTO, MD
25A, DA	RIAL CREMATION, 24B. DATE MOVAL (Specify) WE REC'D BY HEALTH DEPT. PR 3 1970 Rev. 1/1/68	24C. NAME of CEMETERY of	EMER CELY 40. LI	130 BELAN	OWN, or county) (State) R RO BACTO THE ADDRESS OBELAIR RO



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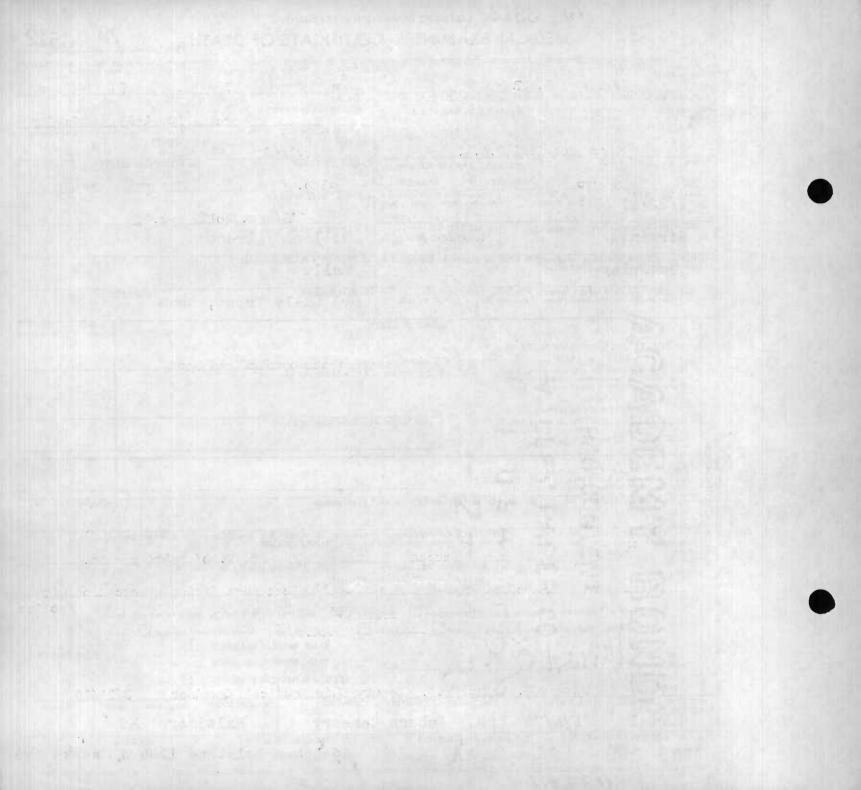
APPROVAL

RELEASED

Marriage cert of Daniel Cooper, Jr. & Inez Waters--7/12/46 in Balto. Md. ertified statements from Clerks of both Circuit Courts of Balto. City that their records show that no divorce had taken place or was pending between both parties stated above in their courts.

To the second the second

-	70	3512	BALTIMORE CITY HE	ALTH DEPA	RTMENT				
1-653	MEI	DICAL	EXAMINER'S			F DEAT	Ή	70	3512
BIRTH NO.							REG. NO.		3023
1. NAME OF DEC	EASED			2. DATE	Known 🔲	Month	Day	Yeor	Hour
(type or rinn)	NORMAN H	. TREN	T	OF DEATH	Estimoted [3	30	70	
4. PLACE IN BALT	IMORE, MARYLAND,			3. DATE		Month	Dov	Year	9:45 р м
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INST	TUTION, GIVE STREET	PRONO	UNCED DEAD			100.	
HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)		6 UCUAL D	ECIDENICE (VI	March	30. 1	970	9:45 DM
				A. STATE	ESIDENCE (Who	ere deceosed l	ved. Il institutio B. COUNTY	n: residence	before odmission)
	Mercy Hosp			I	Maryland			/	509
6. SEX	7. RACE	B. MARRI	ED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	
Male	Negro	WIDOW		Pal	1 4 0			[
2/22/4	10.AGE (lost birthd		If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.					ES 🔲	NO L
II. BIRTHPLACE (St.	ote or foreign country)		2. CITIZEN OF	12 FATHER	2134 M	it. Hol:	y Ave.		
Virgin	nia		WHATIGOUNINY?		Liam	Trent			
4A.USUAL OCCUP	ATION (Give kind of world in his treatment)	148. KIND	OF BUSINESS OR INDUSTRY	15. MOTHE Sal	LY MAIDEN N	AME			
6. WAS DECEASE Yes, no or unknown)	D EVER IN U.S. ARME If yes, give wor or doles	D FORCES?	17. SOCIAL SECURITY NO.	Mrs Mrs	Sally 1	Trent,	Same A	DDRESS	gris tree
19.	- 4		CAUSE OF DEAT	H				I A	PPROXIMATE INTERVAL
F 100			0,,001 0, 017,						VEEN ONSET AND DEATH
	OR CONDITION DIRE	CTLY							
	EADING TO DEATH		(A)IMMEDIATE C	A@finsho	t wound	of the	head	100	
heart foilure, a	t mean the made of di asthenia, etc. It means th	e diseose.	DUE TO, OR A	S A CONSEQ	UENCE OF:				
injury or comp	olication which caused de	oth.)							
ANI	TECEDENT CAUSES								
		Y GIVING	(B) DUE TO, OR A	S A CONSEC	DHENCE OF				
RISE TO THE	R CONDITIONS, IF AN	TING THE	DOL 10, OK 2	AS A CONSE	POENCE OF:				
UNDESTRING	CONDITION LAST.		(c)						
2	II								
21 TO THE DEAT	FICANT CONDITIONS C H BUT NOT RELATED TO CONDITION GIVEN IN P	THE TERMIN	NG IAL						
20A. DATE OF			OR WHICH OPERATION WA	COFOCODA	FD.	*************			
5 1	51 EMAILO 4 200. CO	NUMBER OF	OK WHICH OPERATION WA	2 PERFORM	ED			21. AUTO	PSY? (Yes or No)
X								V	ES
22A. EXTERN. UNDERLYING	AL CAUSE WAS	22	B. PLACE OF INJURY (e.g., i	n or obout 2	2C. WHERE DID	(If In Baltimo	e City, give exc	ct location)	
UNDERLYING		n.	ome, farm, foctory, street, office	bidg., etc.) in					401
22D. TIME (M	lonth) (Day) (Yea	r) (Hour)	Street 22E.INJURY OCCURRED	2	2F. HOW DID II	NILIPY OCCI	f Balti	more S	t.
OF INJURY (APPROX.)			WHILE AT THE NOT	WHILE C		NJOK! OCC			
23.	3 30 70	9:30	WORK LAT WO		Subject	shot du	ring al	tercat	ion with
									police
	y that I held an I				and that on	this basis,	deoth In my	oplnion	POLICE
resulte	d from: Notural cou	ses 🗌	coldent Suicide	Ho Ho	micide XX	Undetermin	ned monner		
1 7 5	110 1	/	1/		HIEF MEDICAL				
ACTUAL	1451.01	27/	11	ACCIO	TANT MEDICAL		ñ		DATE SIGNED
SIGNATUR		1	M.D.						
NAME (Typ		11 1			CIATE MEDICAL				
44A. BURIAL CREMA	- HOTILOT	U. Si	itz, M.D. Dept	ity Chi	ef Medic	al Exam	iner	3/31	/70
REMOVAL (Specify)		70						, or county)	(State)
Burial	4/4/		MT Auburn	Cemetr	У.	Balt	imore	Md	
SA. DATE REC'D B	Y HEALTH DEPT.	~ -	ME OF REGISTRAR		UNERAL DIRECT			DDRESS	
APR 3 1	970 Best 8	Jak	w. 168.	Ado	lphus F	Talste	ad 1200	W	north Av
S 151-REV. 1/1/68					-				
		- A							



IMPORTANT

DIRECTOR:

FUNERAL



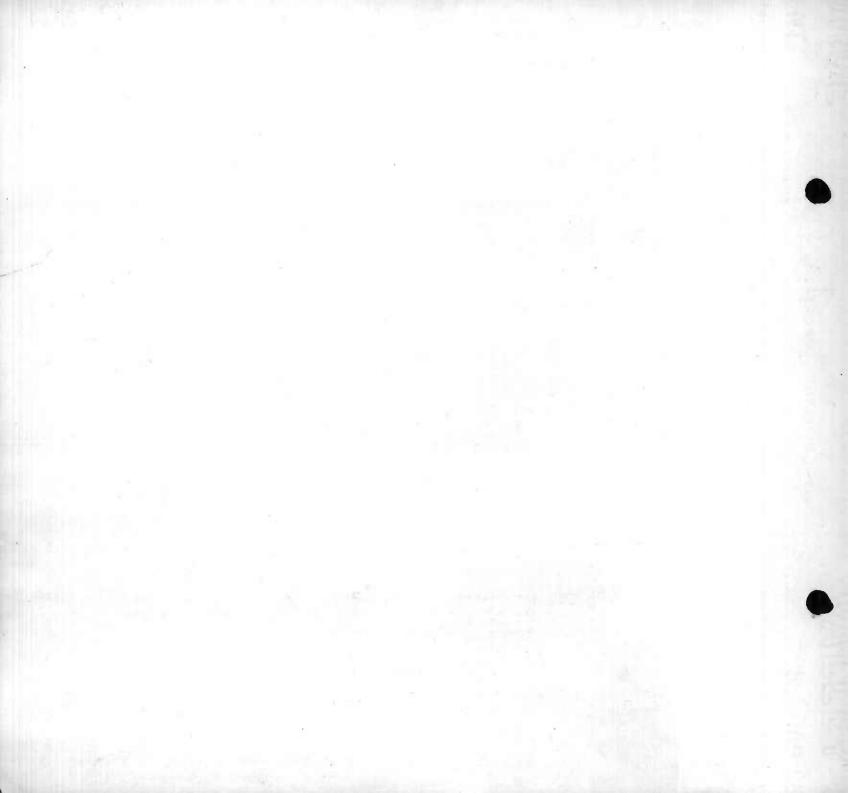
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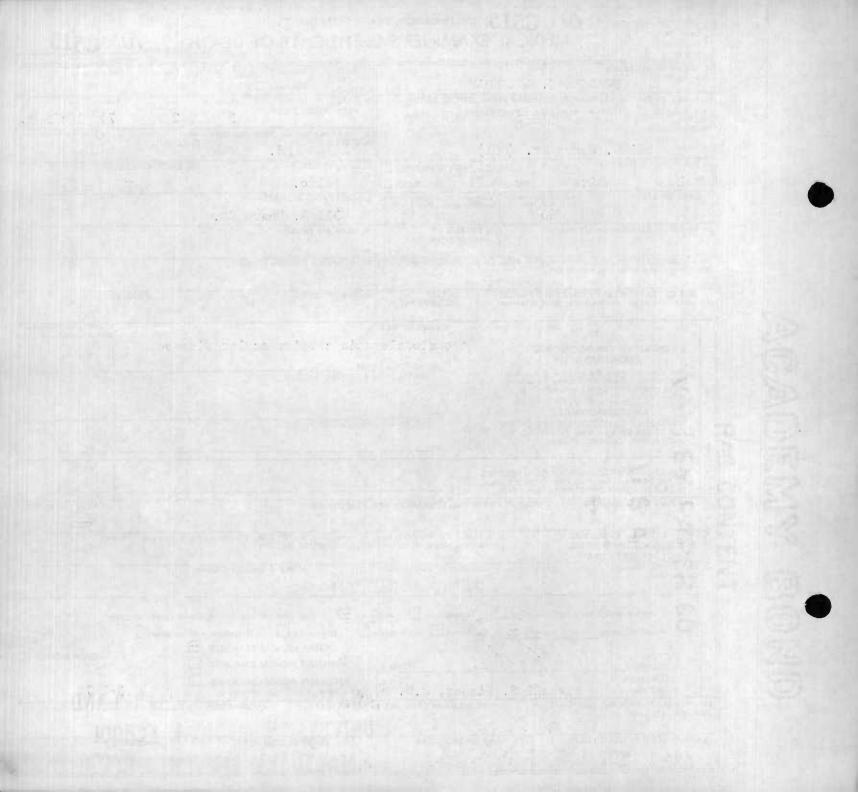
Such

a hospital and

1136		BALTIMORE CITY	HEALTH DEPARTMENT		70 0011
+-450	70 3514	CERTIFICA	TE OF DEATH	REG. NO	3514
NAME OF DECEASE	00-			ND HOUR OF DEAT	u .
Type or Print)					
	LOYD, Lawrence		Marc	h 25, 1970	12:15 A.
3. PLACE IN BALTIMO	RE, MARYLAND, WHERE P	RONOUNCED DEAD	A. STATE B. COUN	re deceased lived. If	institution: residence before odmissio
ELLI NIANAE OF	UE NOT IN NOCESTAL OR	NICTITUTE ON CIVIC STORET		7 .	1702
OSPITAL OR	(IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN	- No. 10.1	CIPE CIPY HILLING
NSTITUTION			C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
11)			Baltimore E. STREET AND NUMBER		YES NO .
			E. STREET AND NUMBER		
Bolton Hill	Nursing & Con	valescent Ctr.	1038 Penns	ylvania Ave	nue
		RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hr
n.f			July 15, 1920	lost birthday)	Months Doys Hours Min.
141		OWED DIVORCED		47	
one during most of working		ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTI
	, me, even it remed,		South Caro	line	USA
Laborer					UDA
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
	Unknown		Unknown		
	in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If y	es, give wor or dotes of ser	vice) SECURITY NO.	MI ONITIONI		ADDRESS
		218-07-6437			
18.	/ 1	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
177	X				BETWEEN ONSET AND DEA
	CONDITION DIRECTLY		0	0.	A1 .7
LEA	DING TO DEATH	(A)IMMEDIATE CAL	ISE CATCINGMO	1-1000 M	104/4
(This daes not n	nean the made of dying,	e.g., DIE IO OR AS	A CONSEQUENCE OF:	1	(0.201
	enia, elc. Il means the dis	eose,	A CONSEQUENCE OF.		THE RESIDENCE OF THE PARTY OF T
injury ar camplica	lian which caused death.)				
ANTI	CEDENT CAUSES	(2)			
DISEASES OR	CONDITIONS, il ony,	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
rise to the a	cave couse (A) stating		ŧ		
UNDERLYING CO	NDITION Iosi.	(C)			
	11			1 A 2 1	
OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUT	IING		*	
TO THE DEATH BU	T NOT RELATED TO THE TERM	INAL			
I DISEASE OR COND	ITION GIVEN IN PART 1 (A).		[20 A 41180 2-112]	V 000 10	
19A. DATE OF OPE	RATION 198. CONDITION WAS PERFORMED		20 A. AUTDPSY? (Yes or No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
0			No		
21 A. ACCIDENT W	AS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in BoltIm	ore City, give exoct location)
OR CONTRIBUTING	CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
DEATH (notify med	icoi exomineli	\$10e/			
21D. TIME (Me	nth) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
S OI MASOKI		While At Not Whil	e 🗖		
(APPROX.)		Work At Work			
22. I certify that	(1) (this basnital) attan	ded the deceased fram	7.18.7	19 70 ta	3 - 2 5 1970
		7 7			
that (I) (we) last	saw the deceased alive	an 5 4 7	19and th	at in(my) (aur) ap	plnian death accurred an the de
and haur and fra	m the causes stated aba	ve. (1) (We) (did) (did nat) v	lew the bady after death.		
23A. SIGNATURE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The body offer deaths		DOR DATE SIGNED
L. S. G. C. C. C.	000 H 1	TO LIN I	wine of the control o	leve -	23B. DATE SIGNED
(, (lifuro 14	(I) Dhy	onding Med. Director	Staff Phys.	3.25.70
23C. PHYSICIAN'S		GEGREE	23D. ADDRESS		
NAME (Type)	e1. 11	C / MA	AMAROBETT	TAN MALL	an Donath , man
EE	1/swort	(00b	ANA BUYN WASA	JARDUNE	MARCH ANIL
AA. BURIAL CREMAT	ON, 248, DATE 2	4C. NAME of CEMETERY OF CR	EMATORY 24D. Le	OCATION	City, town, or county) (Stote)
REMOVAL (Specif			HMIVEDCITY	MEDICAL	SCHOOL
	3-5/0/0		SMIACKOII I	MEDICAL	SCHUUL
SA. DATE REC'D BY	HEALTH DEPT. 258-NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
DD 3 10711	P. C. B. F. Jake	. M.B.	BEAD THILL	TO CERTIFI	D CHID
	2000ch at 12000	A THE STATE OF THE	- INTEREST TO A SK	V HE VI	L. ICI TARI



1	7-265	70 M	351 EDICAL	5 BALTIMORE CITY HE	ALTH DEPARTMENT CERTIFICATE OF DE	ATH 70 2515
BIE	RTH NC.				ERITICATE OF DE	REG. NO.
	I. NAME OF DECEASED				2. DATE Known Mon	th Doy Yeor Hnur
	(Type or Print) NORBERT T. ACKERMAN				OF DEATH Estimated	M
4.	PLACE IN BALTIM	ORE, MARYLANI	D, WHERE P	RONOUNCED DEAD	3. DATE Man	th Day Yeor Haur
HO	311 S. Sharp St. (DOA)				PRONOUNCED DEAD 3	2 70 10:15 A _{M.}
6					Md.	B. COUNTY
0. :	SEX 7.1	RACE	8. MARI	RIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
	Male	White	WIDOV	VED DIVORCED	Balto.	YES NO
9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr. If Under 24 Hrs. Months; Doys & Hours; Min.				E. STREET AND NUMBER 311 S. Sharp St		
11.	BIRTHPLACE (State	ar fareign countr	γ)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
14A dane	USUAL OCCUPAT during most of worki	ION (Give kind af ving life, even if relin	vork 14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
16.	WAS DECEASED E	EVER IN U.S. ARI	MED FORCE	5? IT. SOCIAL	18. INFORMANT	ADDRESS
(Yes	s, na or unknown) (If y	es, give war or do	ites of service	SECURITY NO.	THE ORMAIN	ADDRESS
	19. // / 5	5.14		CAUSE OF DEAL	Ful	APPROXIMATE INTERVAL
	412	4.7E		CAUSE OF DEAT		BETWEEN ONSET AND DEATH
		R CONDITION D		Arteriosciei	rotic cardiovascular	disease
		DING TO DEATH nean the made of		(A)IMMEDIATE C		
	hearl foilure, asth	henio, étc. It means	s the disease.	DUE TO, OR A	AS A CONSEQUENCE OF:	
	injury or campac	ation which caused	deoth.)			
	ANTEC	CEDENT CAUSES		/o\		
	DISEASES OR C	ONDITIONS, IF	ANY, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:	
	UNDERLYING	CONDITION LAS	STATING THE			
8	China Control			(c)		
CERTIFICATION	TO THE DEATH	ff ANT CONDITION: BUT NOT RELATED NOTION GIVEN I	TO THE TERM	INAL		
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORM					
377	ZUA. DATE OF OF		CONDITION		S PERFORMED	21. AUTOPSV2 (Yes or No.)
E	1)		CONDITION		S PERFORMED	21. AUTOPSY? (Yes ar No)
	2	ERATION 20B.		FOR WHICH OPERATION WA		yes
EDICAL	22A. EXTERNAL UNDERLYING CAUSE	CAUSE WAS DR CONTRIB- OF DEATH.		FOR WHICH OPERATION WA 22B. PLACE OF INJURY (e.g., home, form, factory, street, office	In ar obaut 22C, WHERE DID (II in 8al	timore City, give exact location)
MEDICAL	22A. EXTERNAL UNDERLYING	CAUSE WAS DR CONTRIB- OF DEATH.		FOR WHICH OPERATION WA 22B. PLACE OF INJURY (e.g., home, form, factory, street, office 7) 22E. INJURY OCCURRED	In ar obaut 22C. WHERE DID (II in Bal bldg., etc.) INJURY OCCUR?	timore City, give exact location)
MEDICAL	22A. EXTERNAL UNDERLYING CAUSE CAUSE 22D. TIME (Mon	CAUSE WAS DR CONTRIB- OF DEATH.		22B.PLACE OF INJURY (e.g., home, form, factory, street, office	In ar obaut 22C. WHERE DID (II in 8al bldg., etc.) INJURY OCCUR?	timore City, give exact location)
MEDICAL	22A. EXTERNAL UNDERLYING CAUSE 22D. TIME (Mon OF INJURY (APPROX.)	CAUSE WAS DR CONTRIB- OF DEATH.	Year) (Hav	FOR WHICH OPERATION WA 22B.PLACE OF INJURY (e.g., home, form, factory, street, office r) 22E.INJURY OCCURRED WHILE AT WORK NOT WORK N	In ar obaut 22C. WHERE DID (II in 8al bldg., etc.) INJURY OCCUR?	timore City, give exact location)
MEDICAL	22A. EXTERNAL UNDERLYING CAUSE 22D. TIME (Mon OF INJURY (APPROX.)	CAUSE WAS DR CONTRIB- OF DEATH.	Year) (Hav	POR WHICH OPERATION WA 22B. PLACE OF INJURY (e.g., home, form, factory, street, office 1) 22E. INJURY OCCURRED WHILE AT NOT NOT WORK	In ar obaut 22C. WHERE DID (II in 8al bldg., etc.) INJURY OCCUR? 22F. HOW DID INJURY CONTROL WHILE ORK	timore City, give exact location)
MEDICAL	22A. EXTERNAL UNDERLYING CUTING CAUSE 22D. TIME (Mon OF INJURY (APPROX.) 23. Certify (APPROX.)	CAUSE WAS DR CONTRIB- OF DEATH.	Year) (Hau	POR WHICH OPERATION WA 22B. PLACE OF INJURY (e.g., home, form, factory, street, office 1) 22E. INJURY OCCURRED WHILE AT NOT NOT WORK	In ar obaut 22C, WHERE DID (II in Bale bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY CONTROL ORK	yes itimore City, give exoct location) CCCUR?
MEDICAL	22A. EXTERNAL UNDERLYING CUTING CAUSE 22D. TIME (Mon OF INJURY (APPROX.) 23. Certify (APPROX.)	CAUSE WAS DR CONTRIB- OF DEATH. with) (Doy) (**	Year) (Hau	POR WHICH OPERATION WA 22B. PLACE OF INJURY (e.g., home, form, factory, street, office 1) 22E. INJURY OCCURRED WHILE AT NOT AT WORK Inspection Automatical	In ar obaut 22C, WHERE DID (II in 8al bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY COMMILE ORK topsy and that an this bar e Homicide Undete	yes
MEDICAL	22A. EXTERNAL UNDERLYING CAUSE 22D. TIME (Mon OF INJURY (APPROX.) 23. I certify resulted a	CAUSE WAS DR CONTRIB- OF DEATH. with) (Doy) (**	Year) (Hau	FOR WHICH OPERATION WA 22B. PLACE OF INJURY (e.g., home, form, factory, street, office 1) 22E. INJURY OCCURRED WHILE AT NOT NOT NOT WORK Inspection Autorical	opsy and that an this bare CHIEF MEDICAL EXAMIN	yes timore City, give exect location) CCCUR?
MEDICAL	22A. EXTERNAL UNDERLYING CAUSE 22D. TIME (Mon OF INJURY (APPROX.) 23. I certify resulted a	CAUSE WAS DR CONTRIBOF DEATH. of Death. thot I held on from: Notural of the state	Year) (Hau	POR WHICH OPERATION WA 22B. PLACE OF INJURY (e.g., home, form, factory, street, office 1) 22E. INJURY OCCURRED WHILE AT NOT AT WORK Inspection Automatical	in ar obaut 22C. WHERE DID (II in 8al bldg., etc.) INJURY OCCUR? 22F. HOW DID INJURY CORK COPEY And that an this base Homicide Undete CHIEF MEDICAL EXAMIN	yes Simore City, give exect location
MEDICAL	22A. EXTERNAL UNDERLYING CAUSE 22D. TIME (Mon OF INJURY (APPROX.) 23. I certify resulted a ACTUAL SIGNATURE_EXAMINER'S	CAUSE WAS DR CONTRIB-OF DEATH. oth) (Doy) (' that I held on from: Natural of	Inquiry [causes X	22B.PLACE OF INJURY (e.g., home, form, factory, street, office r) 22E.INJURY OCCURRED WHILE AT NOT AT WORK Accident Suicid	in ar obaut 22C. WHERE DID (II in Ball bldg., etc.) INJURY OCCUR? 22F. HOW DID INJURY CORK 22F	yes timore City, give exect location
MEDICAL	22A. EXTERNAL UNDERLYING CUTING CAUSE 22D. TIME (Mon OF INJURY (APPROX.) 23. I certify resulted ACTUAL SIGNATURE. EXAMINER'S NAME (Type)	CAUSE WAS DR CONTRIB-OF DEATH. of Dish (Doy) (' that I held on from: Natural of Death. Russ	Inquiry [causes X KM Sell S.	FOR WHICH OPERATION WA 22B. PLACE OF INJURY (e.g., home, form, factory, street, office 1) 22E. INJURY OCCURRED WHILE AT NOT NOT NOT WORK Inspection Autorical	In ar obaul 22C. WHERE DID (II in 8al bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY CON The DID (II in 8al bidg., etc.) INJURY CON The DID (II in 8al bidg., etc.) INJURY CON The DID (II in 8al bidg., etc.) INJURY CON The DID (II in 8al bidg., etc.) INJURY CON The DID (II in 8al bidg., etc.) INJURY CON THE DID (II in 8al bi	yes Simore City, give exect location
MEDICAL	22A. EXTERNAL UNDERLYING CAUSE 22D. TIME (Mon OF INJURY (APPROX.) 23. I certify resulted a ACTUAL SIGNATURE_EXAMINER'S NAME (Type)	CAUSE WAS DR CONTRIB-OF DEATH. oth (Doy) ('that I held on from: Notural of Russ') Russ	Inquiry [causes X KM Sell S.	228.PLACE OF INJURY (e.g., home, form, factory, street, office of the control of	In ar obaul 22C. WHERE DID (II in 8al bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY CON The DID (II in 8al bidg., etc.) INJURY CON The DID (II in 8al bidg., etc.) INJURY CON The DID (II in 8al bidg., etc.) INJURY CON The DID (II in 8al bidg., etc.) INJURY CON The DID (II in 8al bidg., etc.) INJURY CON THE DID (II in 8al bi	yes itimore City, give exect location CCCUR? sis, death in my apinion primined manner IER DATE SIGNED IER IER IER IER IER IER IER IER IER IER IER IER IER IER IER IER IER IER IER IER IER IER
MEDICAL	22A. EXTERNAL UNDERLYING CUTING CAUSE 22D. TIME (Mon OF INJURY (APPROX.) 23. I certify of resulted of ACTUAL SIGNATURE. EXAMINER'S NAME (Type) A. BURIAL CREMATI MOVAL (Specify)	CAUSE WAS DR CONTRIB-OF DEATH. Oth) (Doy) (' that I held an from: Natural of Death D	Inquiry [causes \infty Sell S. E	22B.PLACE OF INJURY (e.g., home, form, factory, street, office of the control of	In ar obaul 22C. WHERE DID (II in 8al bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY CON The DID (II in 8al bidg., etc.) INJURY CON The DID (II in 8al bidg., etc.) INJURY CON The DID (II in 8al bidg., etc.) INJURY CON The DID (II in 8al bidg., etc.) INJURY CON The DID (II in 8al bidg., etc.) INJURY CON THE DID (II in 8al bi	yes Simore City, give exect location
MEDICAL	22A. EXTERNAL UNDERLYING CUTING CAUSE 22D. TIME (Mon OF INJURY (APPROX.) 23. I certify resulted ACTUAL SIGNATURE. EXAMINER'S NAME (Type)	CAUSE WAS DR CONTRIB-OF DEATH. Oth) (Doy) (' that I held an from: Natural of Death D	Inquiry [causes \infty Sell S. E	228.PLACE OF INJURY (e.g., home, form, factory, street, office of the control of	In ar obaul 22C. WHERE DID (II in 8al bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY CON The DID (II in 8al bidg., etc.) INJURY CON The DID (II in 8al bidg., etc.) INJURY CON The DID (II in 8al bidg., etc.) INJURY CON The DID (II in 8al bidg., etc.) INJURY CON The DID (II in 8al bidg., etc.) INJURY CON THE DID (II in 8al bi	yes Simore City, give exect location
MEDICAL	22A. EXTERNAL UNDERLYING CUTING CAUSE 22D. TIME (Mon OF INJURY (APPROX.) 23. I certify of resulted of ACTUAL SIGNATURE. EXAMINER'S NAME (Type) A. BURIAL CREMATI MOVAL (Specify)	CAUSE WAS DR CONTRIB-OF DEATH. Oth) (Doy) (' that I held an from: Natural of Death D	Inquiry [causes \infty Sell S. E	22B.PLACE OF INJURY (e.g., home, form, factory, street, office of the control of	In ar obaul 22C. WHERE DID (II in 8al bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY CON The DID (II in 8al bidg., etc.) INJURY CON The DID (II in 8al bidg., etc.) INJURY CON The DID (II in 8al bidg., etc.) INJURY CON The DID (II in 8al bidg., etc.) INJURY CON The DID (II in 8al bidg., etc.) INJURY CON THE DID (II in 8al bi	yes Simore City, give exect location



24C. NAME of CEMETER LON CREMINIORY

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

1 VAB LOCATION

March 5, 1970

(Stole)

ITICHY HOWA, SIN COUNTY

ADDRES

EXAMINER'S

NAME (Type)

24A, BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV. 3/1/68

Charles S. Springate, M.D.

258. NAME OF REGISTRAR

24B. DATE

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

1	B-61670-05454 3517	BALTIMORE CITY	HEALTH DEPARTMENT	ta.				
	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	3517			
	1. NAME OF DECEASED Roby Girl	Barb	2. DATE AN	HOUR OF DEATH	701 5:115P			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	A. USUAL RESIDENCE (Where B. COUNT	deceased lived. If institut	iant residence before admission)			
	FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
3	University Hosp		E. STREET AND NUMBER	YE!	S NO			
de.	om song nosp.		3209 Belmont are 21216					
E .	WIDOWED	IEVER MARRIED DIVORCED	3-26-70	1 12 069	Under 1 Yr. II Under 24 His.			
	to USUAL OCCUPATION (Give kind of work 108, KIND OF BUS dane during most of working life, even if refired)	INESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		CITIZEN OF WHAT COUNTRY?			
disposition	GARAGE ROLLING		14. MOTHER'S MAIDEN NAME ESTA BOS CAPTULE F. 10					
		SOCIAL	17. INFORMANT	9	ADDRESS			
final	yes, goo was as assured	SECURITY NO.						
0	18. 7 G 9 OI	CAUSE OF DEATH	Resp. Dis	tress Syn	APPROXIMATE INTERVAL			
balmed	LEADING TO DEATH Pre 100 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
balr	(This does not meon the made of dying, e.g., hoort loiture, asthenia, etc. It means the disease, injury or camplication which caused death.)		CONSEQUENCE OF:		***************************************			
E	ANTECEDENT CAUSES							
are	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) staling the							
	UNDERLYING CONDITION lost. (C)							
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
de	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	H OPERATION	20A AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED					
9 0	U 21 A. ACCIDENT WAS UNDERLYING TO 21R PLACE	F OF INTERVIOR IN	IN CERTIFYING CAUSES OF DEATH? or about 21 C. WHERE DID (If in Boltimore City, give exact location)					
before	OR CONTRIBUTING CAUSE OF home, longer	m, factory, stroot, offi	co bidg. INJURY OCCUR?	lis in possimore City	, give exoct locotion!			
ained	21D. TIME (Month) (Day) (Yearl (Hour) 21E. INJU (APPROX.) While At	RY OCCURRED Not While	21F. HOW DID INJU	RY OCCUR?				
ا ق	Work 22. 1 certify that (1) (this haspital) attended the de	At Work		70 to 3	27 - 20			
peo		3-27	19 <u>70</u> and that	In(my) (our) opinion	death accurred on the date			
	that (1) (we) lost saw the deceased alive on 3-27 19 70 and that in(my) (our) opinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.							
must	23A. SIGNATURE)	+ MD Atten		half rol	DATE SIGNED			
DAC	23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	Director P	hys.	3-27-70			
approval	POLY D. NOBE	DEGREE	ANATOMYS	SARTISP M	front and reds.			
en a	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of PARTIES AND PARTIES A	I CEMETERY OF CREA	JOHNS HOPE	ATION CITY, TOWN	vin, or county) (State)			
written	APR 3 1970 Gaber & Valley A	HSTRAR D	25C. FUNERAL DIRECTOR	TENTIL MALINION	ADDRESS			
	S 150-REV. 1/1/68		MORTUARY S	SERVICE	RCHD			



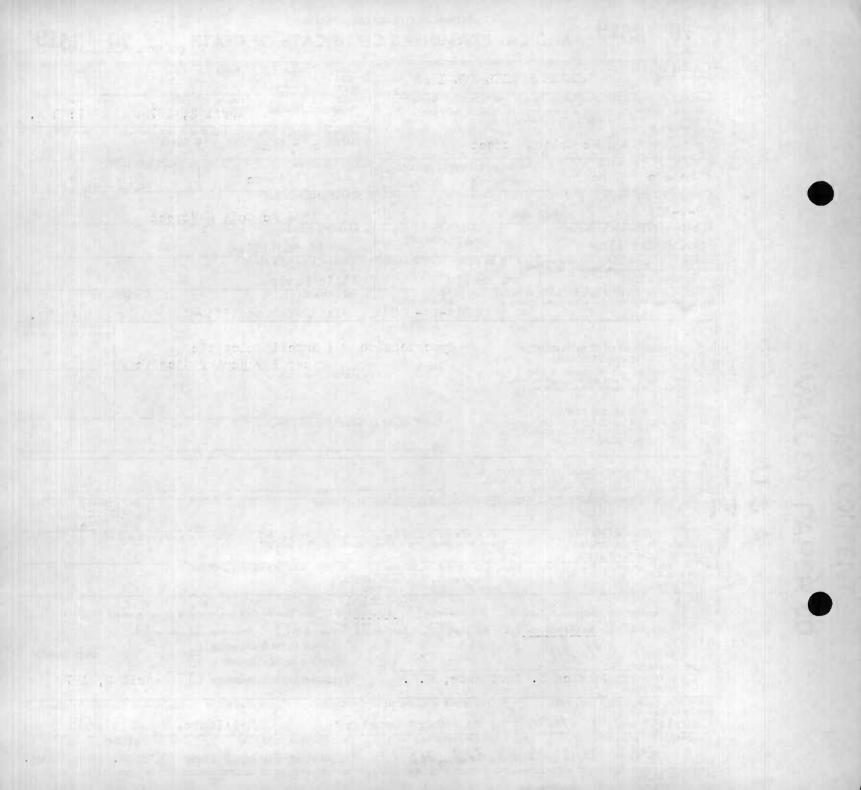
1	2-101	<		BALTIMORE CITY	HEALTH DEPARTMENT		70	3518	
BIR	TH NO. 70-1		3518	CERTIFICA	TE OF DEATH	REG. NO.	70	2010	
	AME OF DECE		. 0 .			AND HOUR OF DEA		15	
3, 1	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE (W	3-30-70		6 3	AM
					A. STATE B. CO	UNIX	institution; re	sidence before or	dmission)
HO	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)			C. CITY OF TOWN	D. II	NSIDE CITY LIF	мпs?	13	
11 (UNIVERSITY OF MARYLAND			Dalter	nore	YES	NO 🗌		
3				E. STREET AND NUMBER Beryl are Baltons				2015	
5. S	M €	S. RACE N	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 3-28-70	9. AGE (In years last birthday)	II Under Months	Doys Hours	24 His.
IOA.	USUAL OCCUP	ATION (Give kind of world			11. 8IRTHPLACE (Stole or In	preign country)	12. CITIZ	I 13	53
	ne during most of working lile, even if relired)			BALTO. MD					
13. F	ATHEE'S NAM	9 0 .	^		14. MOTHER'S MAIDEN N	AME			
(harl	à Brice	Sh.		SYLVIA	BRICE	Shu	IL	
Yes,	vas Deceased E no or unknown)	ver in U. S. Armed For If yes, give war ar dote	s of service)	SECURITY NO.	17. INFORMANT		7,000	ADDRESS	
	18.776	An accupiation pur		CAUSE OF DEATH			81	APPROXIMATE IN	TERVAL ND GEATH
	L	OR CONDITION DIS EADING TO DEATH			- A 55 0,00	TORY EN	1,10.5		
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,								
	injury ar campl	icalian which caused	death.)						
		TECEDENT CAUSES		(B) HYAL)	NE MEMBRA	WE DIS.	1		
	DISEASES OR CONDITIONS, if any, giving nise la like above cause (A) stating the								
	UNDERLYING	CONDITION last.		(c) SEEM	ATURITY				
z	THER SIGNISIC	II	ITDINI ITU LO						
E.	O THE DEATH	ANT CONDITIONS COI BUT NOT RELATED TO THE NOTION GIVEN IN PART	E TERMINAL	***********************	***************************************	****		*****	
RTIF	0	PERATION 198, CONI WAS PERF	ORMED	HICH OPERATION	20A. AUTOPSY? (Yes or)	No. 208, IF YES, WER	E FINDINGS OF	CONSIDERED	
CALC	PIA. ACCIDENT OR CONTRIBUTI DEATH (natify m	WAS UNDERLYING NG CAUSE OF edicol examined	218, P hame, elc.)	LACE OF INJURY (e.g., in farm, foctory, street, affi	or obout 21 C. WHERE DID	(II In Boitim	ore City, give	exect location)	
MEDI	TD.TIME ()	Month) (Doy) (Year)		NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
< (APPROX.)		While						
2	2. I certify th	at (1) (this hospital)	attended the	deceased from	3-28	19 20 to	3-30	19	20
1	hat (1) <u>(we)</u> 1a	st saw the decease	d alive on	3-30		that In (my) (aur) a	Inlan death		-
a	ind haur and f	rom the causes state	ed above. (1)	(We) (did) (did nat) vi	ew the bady after death	•			
	3A. SIGNATURE	PV	1	nn	d:	0. # -	238, DATE	SIGNED	
2	3C. PHYSICIAN	X augu	ran 11	DEGREE Phys.	Director L	Staff Phys.	3 -:	30-70	2
	FELIX		EMAN	MA	ANATORES	ו דות מעל מ	OF A PARTY	4.3125	
24A.	BURIAL CREMA	TION, 24B, DATE		AE of CEMETERY OF CREA	ATTANUTTI 70	LOCATION (City, town, or	AND	Stote)
	REMOVAL (Spe	4-3-16	ラ		JOHNS HOPK	INS MEDI	CAL S	CHOOL	>1016)
11		HEALTH DEPT.	25B NAME OF		25C, FUNERAL DIRECTO			ADDRESS	



70 3519 MEDICA

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH REG. NO.	70	3519

BIRTH NO.	KEG, INO.
I. NAME OF DECEASED WILLIE MURIEL SULLIVAN	2. DATE Known Month Doy Year Hour OF DEATH Estimated M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) OR INSTITUTION	PRONOUNCED DEAD April 2, 1970 7:03 A.
1806 Mc Culloh Street	S. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro widowed M Divorced	Baltimore YES X NO
9. DATE OF BIRTH 10.AGE (In years # Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
8-3-11 last birthday) Manths Days Hours Min.	1806 Mc Culloh Street
11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
South Carolina WHAICOUNTRY?	David McMillian
14A.USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
done during mast of working life, even if retired) Domestic Pvt Family	Allie Davis
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT ADDRESS
(Yes, no ar unknown) (If yes, give wor or dotes of service) SECURITY NO.	
No 214-14-2527	1 2000 110 0021011 008
19. 44 / A D I CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ive and arteriosclerotic
LEADING TO DEATH (A)IMMEDIATE	cause cardiovascular disease
	AS A CONSEQUENCE OF:
injury or camplication which caused death.)	
ANTECEDENT CAUSES	
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	TO THE GOTT OF THE CONTRACT OF
2 UNDERLYING CONDITION LAST. (C)	
2	
CO	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21 AUTORSV2 (Yes of No.)
M-1	(Partial)
Z2A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (II in Baltimore City, give exect location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 220. TIME (Manth) (Day) (Year) (Hour) 1225 INSTRA OCCUPPED.	e bldg., etc.) INJURY OCCUR?
	22F. HOW DID INJURY OCCUR?
OFINITIRY	WHILE
m. WORK AT W	ORK L
	topsy A ond that on this basis, death in my opinion
resulted from: Natural couses Accident Sulcia	
	CHIEF MEDICAL EXAMINER
ACTUAL Charle de to	DATE SIGNED
SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER
EXAMINER'S Charles S. Springate, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER April 2, 1970
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, lown, or county) (Stole)
REMOVAL (Specify) Burial 4/4/70 Mt Auburn Cer	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
APR 3 1970 Joseph E. Janker, M. D.	Nutter Funeral Home 3035 W. North Ave.



				BALTIMORE CIT	HEALTH DEPARTME	NT	170	0-20
BIR	TH NO.	70	3520	CERTIFICA	TE OF DEAT	TH REG. NO	70	3520
	Pe or Print)	How	407	TURNER	2, DA	TE AND HOUR OF DE	ATH 1 H	. 30 p.
3.	PLACE IN BALTIMORE,	MARYLAND, W	HERE PRONOUN		4. USUAL RESIDENCE	3/3//70 E/Where/deceosed lived,	Il institution; reside	ence belore odmission
FU HC	LL NAME OF (IF I	NOT IN HOSPIT PRESS OR LOCA	AL OR INSTITUTI	ON, GIVE STREET	BALTIMO C. CITY OR TOWN	RE	INSIDE CITY LIMIT	601
11	1	. /	//	/	BALTIMO E. STREET AND NUM	RE	YES 🗷	№ □
	VIVERSITY OF	- MARYL			505 N.	CARROLLTON		21223
5. 5	MALE NE	GRO	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Months Doy	Ys If Under 24 Hr
t0A don	. USUAL OCCUPATION during most of working life	Give kind of work	108, KIND OF BE	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country!	12. CITIZEN	OF WHAT COUNT
	SPICE FACTO				M'A	RYLAND		U.S.A.
13.	FATHER'S NAME	1			14. MOTHER'S MAIDE	N NAME		
	7	SENIE	FR. TU	RNER	M	ARY ELIZ	CARETH	,
S. Yes	Wos Deceased Ever in L ,no or unknown) (If yes,	. S. Armed For	ces?	SECURITY NO.	17. INFORMANT		AD	DRESS
1	VWI	11.1.	/	215-05-1667	MARIE I	11A5 - 505	N. CARRO	UTGAL CT
	18. 433.0	1		CAUSE OF DEAT	H	300	Al	PROXIMATE INTERVAL
	DISEASE OR CO		RECTLY	BRAI	N STEM	THROMBOSIS'	BETW	EEN ONSET AND DEA
	(This does not meen	the mode of	dving. e.g	(A) IMMEDIATE CAL	A CONSEQUENCE OF:			
	heart failure, aslhenia, injury or complication	etc. Il means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:	RTENSIVE ARTH	ERWYLEROTIC	
		ENT CAUSES	2 00 mg	(H. A.	V.D) VAS	CULAR DISI	EASE	
	DISEASES OR CON		any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:			
	rise to the obove UNDERLYING COND	cause (A)	sloling the					
	- CHELLING COND	11		(c)	*******************************			***************************************
LTION	OTHER SIGNIFICANT CO TO THE DEATH BUT NO	TRELATED TO TH	HE TERMINAL	CHRON	C PYELONI	EPHRITIS		
CERTIFICATION	19A, DATE OF OPERATION	ON 198 CON	DITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes	or No. 20B, IF YES, W	ERE FINDINGS CO CAUSES OF DEA	NSIDERED TH?
CER	21A. ACCIDENT WAS OR CONTRIBUTING	INDERLYING	218, PL	ACE OF INJURY (e.c., I	n or obout 21 C. WHERE	DID (If In Rol	timore City, give ex-	
₹	OR CONTRIBUTING CO	CAUSE OF	home,	form, foctory, street, of	fice bldg., INJURY OCC	U R?	And the same of th	oci iocanon;
MEDICAL	21 D. TIME (Month) OF INJURY	(Doy) (Yearl	(Hour) 21E IN	JURY OCCURRED	21F. HOW DI	D INJURY OCCUR?		
X	of injury iapprox)		While Work	At Not While				1 1
	22. I certify that (I)	this bosnital		- 717 17018	3/30/70	19 70 to	3/3/	19 70
- 1	that (1) (we) lost sow			3/3/		and that in (my) (our)	7	
- 1					lew the body ofter de		opinion deorn o	ccurred on the do
	23A. SIGNATURE	. /	(1)	TES (GIAL (GIA HOT) V	iew the body offer de	eom.	23B, DATE SI	GNED
	Undrew	M	Hall		nding Med.	Staff Phys.	3/2/	MA
	23C.PHYSICIAN'S NAME (Type)	171.	2000	DEGREE Phys	Director Director	Phys.	10/3/	110
	ANDREW	H _	DOYLI	=	UNIVERSITY OF	= MD. HORD	BALTIMO	OF MA
24A	BURIAL CREMATION, REMOVAL (Specify)	24B. DATE		E of CEMETERY of CRE		4D. LOCATION	(City, town, or con	
В	urial	4-6-	70 Balt	timore Natio		Baltimore,		Md
25A	DATE REC'D BY HEAL	TH DEPT.	25B, NAME OF	REGISTRAR	25C. FUNERAL DIR			ADDRESS
	APR 3	1970 (K	Ben E. Ja	ber, K.D.				rth Avenue
5	50-REV. 1/1/68							

FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY HEALTH DEPARTMENT	
N-520	3521 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 7	0 3521
10-20	BIRTH NC. 69-21257	0 0001
	1. NAME OF DECEASED 2. DATE Known Month Doy Ye	or Hour
	(Type or Print) ANGELE NANCE OF DEATH Estimated	м.
711	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Ye	
34	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) PRONOUNCED DEAD March 28, 1970	9:15 A _{M.}
	OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: reside A. STATE B. COUNTY	nce before odmission)
7/	Bon Secours Hospital (DOA) Maryland	1605
	6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMI	TS?
	Female Negro WIDOWED DIVORCED Baltimore YES	NO 🗆
	9. DATE OF BIRTH 10. AGE (in yeors 11 Under 1 Yr, 16 Under 24 Hrs. E. STREET AND NUMBER Manths; Days Haurs Min. 62/4 Nr. Put 1 colors Street Colors Colors	
	4 i i 024 N. Fuldski St.	
	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME	
	Maryland WHATCOUNTRY? Frenchie Gray	
	done during most of working lile, even if relired) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME Inell Nance	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ao ar unknown) (II yes, give wor or dates of service) NO Mrs. Sadie Nance 624 N. Pulask	
	19. CAUSE OF DEATH	APPROXIMATE INTERVAL
		BETWEEN ONSET AND DEATH
MARK HITCH	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE Sudden death in infancy	
	(This does not mean the mode of dylng, e.g., heart loilure, osthenio, etc. it means the disease,	
	injury or complication which coused death.)	
	ANTECEDENT CAUSES (a)	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
	UNDERLYING CONDITION LAST.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	O TO THE DEATH BUT NOT BELATED TO THE TERMINAL	
	ILL DISEASE OF CONDITION CIVEN IN DART 1 /AS	
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AL	UTOPSY? (Yes or Na)
WYTERN MAIN		Yes
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (Il in Boltimore City, give exact location lame, larm, loctary, street, office bldg., etc.) INJURY OCCUR?	on)
	22D. TIME (Month) (Doy) (Year) (Hour) 122E, INJURY OCCURRED 22F, HOW DID INJURY OCCUR?	
	OF INJURY (APPROX.) WHILE AT NOT WHILE	
	23. m. WORK AT WORK	
	1 certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion	n
	resulted from: Notural causes X Aceident Suicide Homicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	D 0101-150
	SIGNATURE (LANGE) STAND ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
	EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER	3-28-70
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City town of court	nty) (Stote)
	Burial 4-2-70 Arbutus Memorial Park Baltimore Co.,	Md
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	
HARLES HELDER	ADD 2 4070 0 2 0 2 7 0	North Ave.
	VS 151-REV. 1/1/68	, 1101 011 11100

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VS 150-REV. 1/1/68

W-420

70 3523 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 3523

BIRTH NO.	KEO, 14	9.
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Day	Yeor Hour
JAMES L. WALLACE	DEATH Estimoted 3 27	70 12:50 a
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD March 27	. 1970 12:50 au.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institut	tion: residence before admission)
46	A. STATE B. COUNT	
Lutheran Hospital	Maryland	1007
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE	CITY LIMITS?
Male Negro WIDOWED E DIVORCED	Balto.	YES H NO
9. DATE OF BIRTH 10. AGE (In years M Under 1 Yr. If Under 24 Hrs. lost birthdoy) Months Doys Hours Min.		
10/12/26	600 N Project Ch	
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	600 N. Brice St.	
Washington, D.C. WHAT COUNTRY?		
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	Charles Wallace	
done during most of working life, even ifrettred)	15. MOTHER'S MAIDEN NAME	
Mail Handler U.S. Post Office	Marceline Dorsey	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((if yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) Yes 1945 - 1948 SECURITY NO. 215-22-7126	Arvay Wallace 600 Brice	Street
19. CAUSE OF DEA		APPROXIMATE INTERVAL
49 1 0h 1 0h		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Hyperter	nsive and arteriosclerotic ca	ardiovascular
LEADING TO DEATH	AUSE disease	
	AS A CONSEQUENCE OF:	
Injury or complication which coused death.)		
ANTECEDENT CAUSES		
	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
2 UNDERLYING CONDITION LAST. (C)		
CC) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	~	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes or No)
0 7		
₹ 22A. EXTERNAL CAUSE WAS 122B. PLACE OF INITIRY/® 0.	L LOSS WILLIAM AND	YES
INDEPTIVALE TOP CONTRIB	in or obout 22C. WHERE DID (II in Boltimore City, give a bldg., etc.) INJURY OCCUR?	exoct location)
UTING CAUSE OF DEATH.		
OF INTURY	22F. HOW DID INJURY OCCUR?	
(APPROX.) m. WHILE AT WORK AT W	WHILE	
23.		
I certify that I held on Inquiry Inspection Aut	apsy 🔯 and that on this basis, death in m	v eninian
resulted from: Netural causes XX Accident Suicid		
Accident Solicio		
ACTUAL DOWL	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE / MINICIPAL M.D.	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Isidore Mihalakis, M.D.		3/27/70
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY (or CREMATORY 24D, LOCATION (City, to	wn, or county) (Stote)
Burial B/31/70 Arlington Nati	onal Cemetery Arlington, Vir	ginia
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		
The state of the s	25C. FUNERAL DIRECTOR	ADDRESS
APR 3 1970 Blag E. Jaben M.D.	Arlington S. Phillips 172	7 North Monroe St
VS 151-REV. 1/1/68	Transport De HILLIAND TIC	1 1/01 011 1/0111 00 00

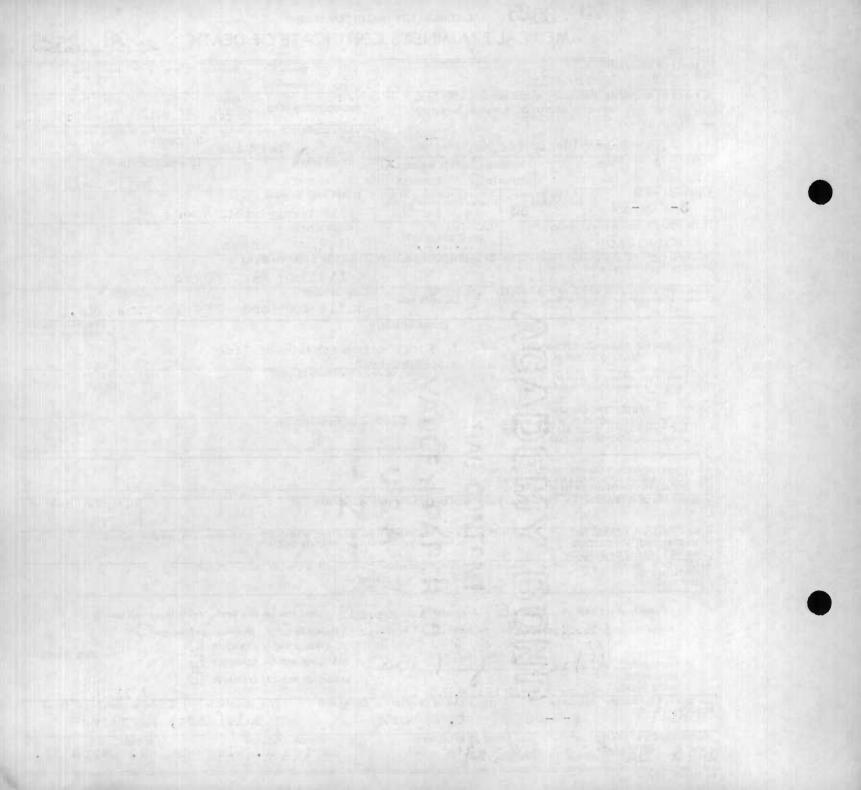
A Local Late Colon and A Local Late Colon La

V\$ 150-REV. 1/1/6B

			BALTIMORE CITY	Y HEALTH DEPARTMENT		70 0=04
	70	3524	CERTIFICA	TE OF DEATH	REG. NO.	10 3524
IRTH NO.	05400	30.5			TO HOUR OF BUILD	
ype or Print)					ND HOUR OF DEATH	800
Type of Timi	Moses Mon	tgomery		Man	ch 28-1970	10-B
B. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOU	INCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If ins	stitution: residence before admission
FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	TION, GIVE STREET	Maryland C. CITY OR TOWN		808 DE CITY LIMITS?
NOTTUTION					0. 114312	
\				Baltimore		YES NO NO
House-	In-The-Pines	- Bel Ai	re Maryland	E. STREET AND NUMBER 2	Street	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years 12	If Under 1 Yr. If Under 24 Hrs
Male	Colored	WIDOWED	= =	July 1, 1897	72	Months Doys Hours Min.
				Ch.	1)	
	CUPATION (Give kind of wor	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTR
Labore	f working life, even if retired)					U.S.A.
	4			D		0.00.22
FATHER'S NA			4	14. MOTHER'S MAIDEN NA		
Moses	Montgomery S	r.		Nancy V	Vells	
	U					
	d Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT		ADDRESS
10.00	(If yes, give wor or dote		SECURITY NO.			
Yes	WW 11		197-05-4019	Barbara Garris	on - 4909 Pa	lmer Avenue
11B. / -	0 1		CAUSE OF DEAT		7/-/	APPROXIMATE INTERVAL
H 36	9		DIA DEA	6		BETWEEN ONSET AND DEAT
DISEA	ASE OR CONDITION DI	RECTLY		11 -1	. 13	
	LEADING TO DEATH		(A) IMMEDIATE CA	1108 Cute leader	vaccular lace	for Ldona
(This daes	nat meen the made af	dying, e.g.,		A CONSEQUENCE OF:	040000000000000000000000000000000000000	
heart failure	, asthenia, etc. It means	the disease,	DUE TO, OK AS	A CONSEQUENCE OF:		0
injury ar co	mplication which caused	deoth.)	/ .	1	2	1
	ANTECEDENT CAUSES		11.1	1.1.1.1	1 /) "	De rette
	MILICEPENI CHOSES		(B) William	oseliwhe leubs	ovascular pless	Lage Marie
DISEASES	OR CONDITIONS, if	any, giving	DUE TO OR AS	S A CONSEQUENCE OF:		
rise la 1	he abave cause (A)	stating the	1-	1. /1 +	1	
UNDERLYIN	IG CONDITION lost.		(c) Clour	land Cheirose	lusia	yeara
	11			4		- 10
			Pp	6		,
	IFICANT CONDITIONS CO		(h_:/	5.1		Gen
DISEASE OR	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAI	RT 1 (A).	Contract D	an Showing		A
	F OPERATION 198. CON	IDITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or N		INDINGS CONSIDERED
19A. DATE C	WAS PER			2	IN CERTIFYING CAL	JSES OF DEATH?
				100		
21A. ACCID	ENT WAS UNDERLYING	21B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimore	City, give exoct location)
	BUTING CAUSE OF	hom- etc.)	e, torm, toctory, street, o	office bldg., INJURY OCCUR?		
DEATH (not)	fy medical examined	610.7				
21D. TIME	(Month) (Day) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY			le At Nat Whi			
(A PPROX.)		War				/ /
				2/12/	7.	2/20/ 21
22. I certif	y that (1) (this hospits	t) attended th	ne deceased from	1 2/28/	19 / o ta	0/20/19/0
that (1) () last saw the decease	ed alive an	3/	27/1970 and.	hat In(my) (austrania	nian death accurred on the do
	, 31 son the deceds	diffe dif		was a second of	nor many, week, apri	death decorred on the de
and haur a	nd from the causes sta	ted above. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNA						23B. DATE SIGNED
	11/1/1/1	1			S4-# ===	2/2/-
1/1/	bus 15 13	really.	Dhy	rending Med. Director	Stoff Phys.	3/30/20
23C. PHYSICI	IA NPC	- michally	DEGREE	23D. ADDRESS		10/1-
NAME	(Type)			ADDRESS		
		T TOV BE	D	4000 Da7-	in Bood Old	206
		DLEY, M.				206
A. BURIAL CR	EMATION, 248. DATE	24C. NA	ME of CEMETERY OF CR	REMATORY 24D.	LOCATION (Cit	ly, town, or county) (State)
REMOVAL	(apecity)					
Burial	4/2/70	Bal	timore Nat'l	Cemetery Ba	ltimore, Mar	vland
	D BY HEALTH DEPT.	25B. NAME C	F REGISTRAR	2SC. FUNERAL DIRECTO	R	ADDRESS
	R 3 1970 B	A. AF Ja	Lille MA	900 1		0.
Lil	11 4 1010 3001	- m 40	- 10 mg	Harituation 2.	rnillips 172	7 N. Monroe Stree

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	X-200"	70 3525	BALTIMORE CITY HE				
	1)000	MEDICA	L EXAMINER'S	CERTIFICA	TE OF DEAT	H BEC NO	70 3525
	RTH NC.					REG. NO.	
(Ty	NAME OF DECEASED	ROY KEYES		OF	awn Month	Doy	Year Hour
4	PLACE IN BALTIMORE,		PONOUNCED DEAD	DEATH	timated		М.
FU	LL NAME OF (IF)	NOT IN HOSPITAL OR INS DRESS OR LOCATION)		3. DATE PRONOUNCE	March	31,1970	7:40 A.M.
1	0 1318 Penr	nsylvania Ave	enue	A. STATE	Maryland	B. COUNTY	residence befare admission)
	SEX 7. RACE	MAKI	RIED NEVER MARRIED	C. CITY OR TOW	N	D. INSIDE CIT	Y LIMITS?
		gro widow	WED DIVORCED	Baltimo	re	YES	s No D
9.	S- 19-17	10. AGE (in years last birthday)	If Under 1 Yr. II Under 24 Hrs. Months: Days: Hours: Min.	E. STREET AND N	NUMBER nnsylvania A		110
11.	BIRTHPLACE (Stote or lor Mary land		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NA Willia	ME	Vellac	
144	USUAL OCCUPATION	Give kind of work 14B. KINI	OF BUSINESS OR INDUSTRY				
GON	e during most of working life, WAS DECEASED EVER I	, even itrefired)		Lilli		yes	
(Ye	s, na ar unknown) (if yes, giv	e war or dales of service	S? 17. SOCIAL SECURITY NO.	Nellie S	anders 86		ns Ave.
	19. 57/		CAUSE OF DEAT	Н			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CON	NDITION DIRECTLY	Fatty m	otemorphos	is of liver		BETWEEN ONSET AND DEATH
		TO DEATH	(A)IMMEDIATE C		is of liver		
	heart lailure, osthenio, a	he mode of dylng, e.g., etc. it means the disease,	DUE TO, OR A	S A CONSEQUENCE	OF:		
	injury ar complication w	hich caused death.)					
	ANTECEDEN	NT CAUSES	(p)				
	DISEASES OR COND	ITIONS, IF ANY, GIVING	DUE TO, OR	AS A CONSEQUENC	E OF:		
7	UNDERLYING COND	ITION LAST.					
Ó			(c)				
CERTIFICATION	IO THE DEATH BUT NO	II ONDITIONS CONTRIBUT OT RELATED TO THE TERM ON GIVEN IN PART 1 (A).	INAI				
ERT	20A. DATE OF OPERATIO	ON 20B. CONDITION	FOR WHICH OPERATION WA	S PERFORMED			21. AUTOPSY? (Yes ar Na)
	2						yes
EDICAL	22A. EXTERNAL CAUS UNDERLYING ☐ OR CO UTING ☐ CAUSE OF DE	NTRIB-	22B.PLACE OF INJURY(e.g., I hame, farm, factory, street, office	n ar about 22C. Wi bldg., etc.) INJURY	HERE DID (If in Baltimar OCCUR?	a City, give exact	
	22D. TIME (Month)	(Doy) (Year) (House	r) 22E.INJURY OCCURRED	22F. H.C	OW DID INJURY OCCU	P2	
	OF INJURY (APPROX.)		WHILEAT NOT	WHILE -			
	23.		m. WORK AT WO	ORK [_]			
	I certify that I	held on Inquiry	Inspection Aut	opsy X ond	that on this basis,	deoth in my or	pinion
	resulted from:	Natural causes		Homicid		ed monner	
	1,	1			MEDICAL EXAMINER		
	SIGNATURE U	Us IV	7/10	ACCICYANIT	MEDICAL EXAMINER	a a	DATE SIGNED
	EXAMINER'S	- MAY	M.D.		MEDICAL EXAMINER	~	
	A	Werner U. Sp	pitz.M.D.	ASSOCIATE	MEDICAL EXAMINER		/31:/70
	. BURIAL CREMATION,	248. DATE	24C. NAME of CEMETERY		24D. LOCATION	(City, town, c	
I	NOVAL (Specify)	4-2-70	Mt. Auburn		Baltime	ore, Ma:	
25/	. DATE REC'D BY HEALTH	H DEPT. 258, N	AME OF REGISTRAR	25C. FUNER	AL DIRECTOR		DRESS
AF	R 3 1970	Sel E Jaka	KA		es A. Rice		. Barre St.
VS	151-REV. 3/1/68			fund	1 17		
				100			



Carver Memori

258. NAME OF REGISTRAR

Pk.

25C. FUNERAL DIRECTOR

Laural

Charles A. Rice 661 W. Barre St.

Maryland

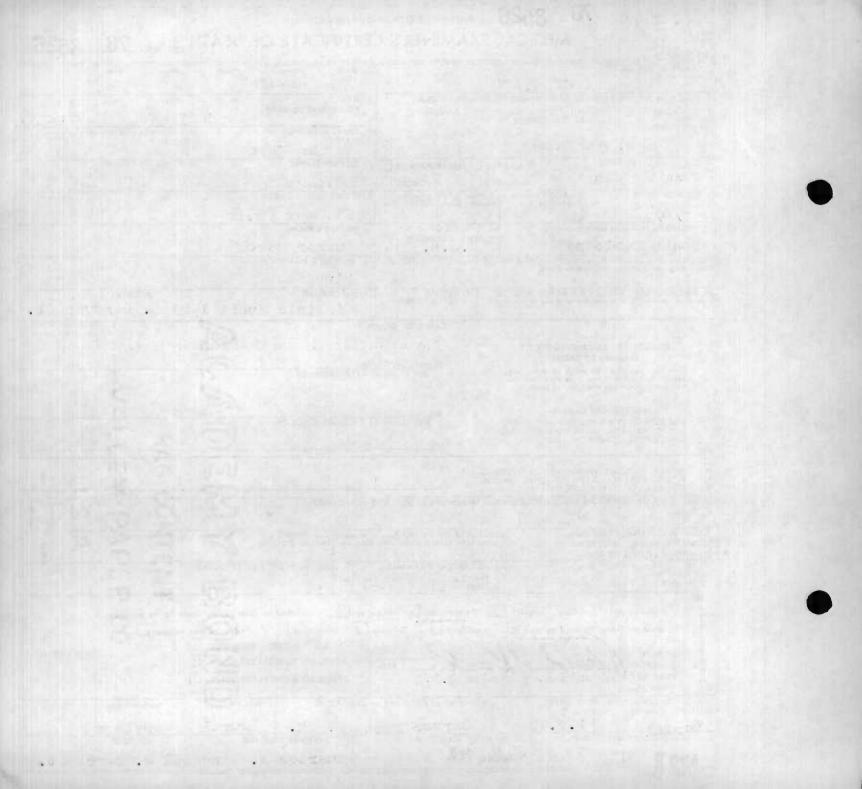
ADDRESS

REMOVAL (Specify)

VS [5]-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

4.4.70



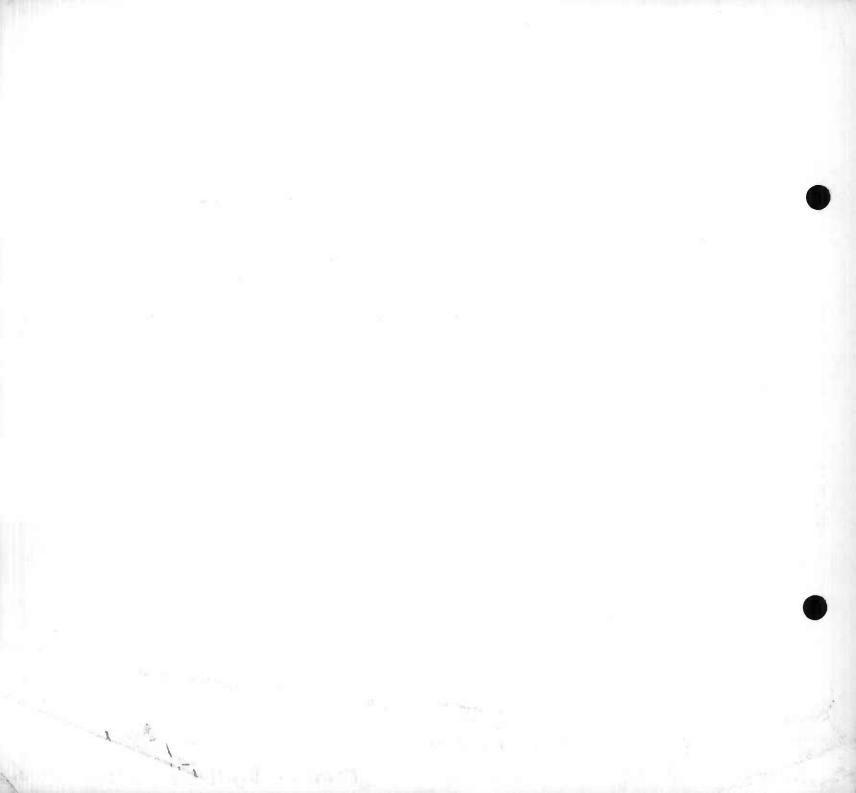
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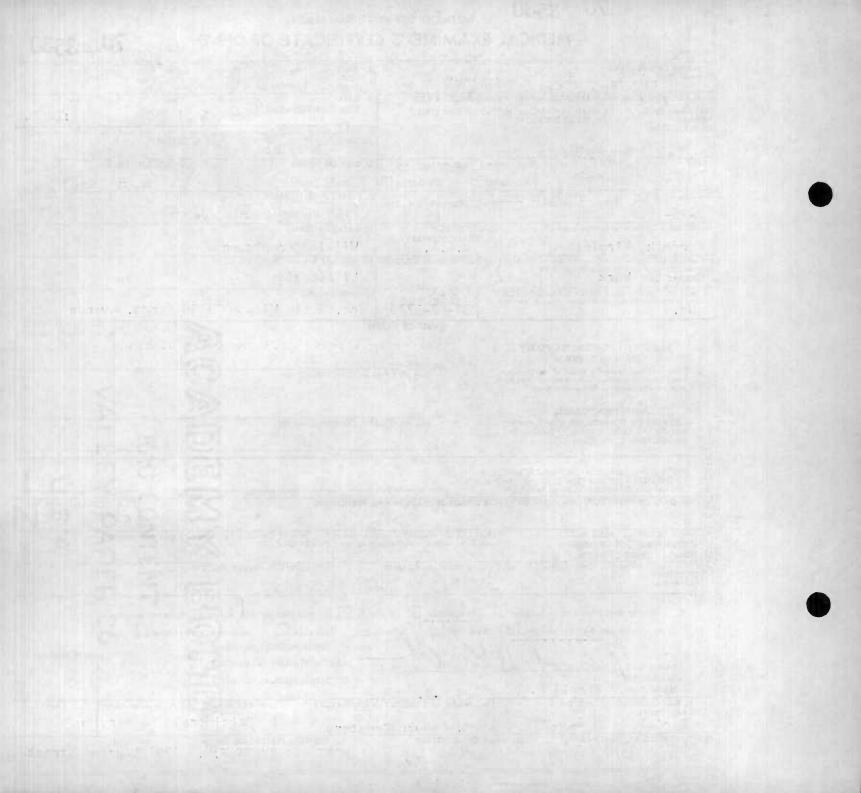
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	-	U-300 70 35	29 CERTIFICA	TE OF DEATH	REG. NO.	70 3529
	(Туре	OF Print) WHITE	+ UDAEY (Od.	ry Mae) =	D HOUR OF DEATH	1 & P M
	FULL	L NAME OF (IF NOT IN HOSPITAL OR I PITAL OR ADDRESS OR LOCATION)	,	MARYAND C. CITY OR TOWN	454	ction: residence before admission?
	4	2 SINAI HOSPHO		BALTIMORE E. STREET AND NUMBER 3405 0	VERVIEW	Rd.
3	5. SE	EMALE Black WIDO		10-29-25	9. AGE (In years III	f Under 1 Yr. if Under 24 Hrs.
	done	USUAL OCCUPATION (Give kind of work 10B, KIN during most of working life, even if relired)	ID OF BUSINESS OR INDUSTRY	Union Co. 1	V. C.	2. CITIZEN OF WHAT COUNTRY?
200		ATHER'S NAME Crockett LA	NCY	14. MOTHER'S MAIDEN NAM	Hompson	
	15. W	es Deceosed Ever in U. S. Armed Ferces? no or unknown) (If yes, give wor ar doles of sen	1)6. SOCIAL SECURITY NO.	Mrs Eula Co	sldwell 1	2 Warren Rd
5	18	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	h	This does not mean the mode of dying, neon lailure, asthenia, etc. It means the dis- njury ar camplication which caused death.)	e.g., DUE TO, OR AS A	SE CANCE R A CONSEQUENCE OF: CLUX	of CO/O 2 melasta	N / year
	ri	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, gi ise to the above cause (A) stating JNDERLYING CONDITION last.	(B) DUE TO, OR AS (C)	A CONSEQUENCE OF:	***************************************	***************************************
	ATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUT O THE DEATH BUT NOT RELATED TO THE TERMI ISEASE OR CONDITION GIVEN IN PART 1 (A).	NG.			
	CERTIFICATION	PA-DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIND IN CERTIFYING CAUSES	DINGS CONSIDERED S OF DEATH?
	AOO	IA. ACCIDENT WAS UNDERLYING RECONTRIBUTING CAUSE OF EATH (notify medical examine)	218. PLACE OF INJURY (e.g., in home, form, factory, street, aff	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If In Boltimore Ci	ty, give exect location)
	30	1D.TIME (Month) (Doy) (Yeor) (Hour) FINJURY APPROX.)	21E INJURY OCCURRED While At Not While Work At Wark	21F. HOW DID INJU	RY OCCUR?	
		2. I certify that (I) (this hospital) attend hat (I) (we) last saw the deceosed alive	2 2:	3 - 30 19 19 70 ond the		3/ 19 70 In death occurred on the date
	23	nd haur and from the causes stated abov	re. (I) (We) (did) (did not) vi			L DATE SIGNED
	23	Zita yano 3C. PHYSICIAN'S NAME (Type)	GEGREE After Phys.	ding Med. Sirector P	hys.	3-31-70
1		ZITA VORRO BURIAL CREMATION, 124B. DATE 124	GEGREE C. NAME of CEMETERY OF CREA		CATION (City, to	own, or county) (State)
		PATE REC'D BY HEALTH DEPT. 25R NA.		Com. B	altimore,	Md ADDRESS
-	VS 15	1PR 3 1970 Roca & Ja.	Bey KA	Morton & D	yett fitt	1701 LAUKERS St



١.	1-22	0	MED	ICA		AMINER'S			OF	DEAT	н	חלי	0520
BII	RTH NC.		11120	10/1		, thin telt o		CAIL	01	PLAI	REG. NO	10	_3530
1.	NAME OF DEC	EASED					2. DATE	Known		Month	Day	Year	Hour
(IV	(Type or Print) PATTIE JACOCKS (JACOK)							Esilmote	ed 🗆				
4.	PLACE IN BAL						3. DATE			Month	Day	Yeor	Hour
FUI HO OR	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	AL OR IN:	OITUTITE	N, GIVE STREET		UNCED DE			31,197		1:20 P.
0		Pennsy	lvania	Ave	nue		A. STATE	Maryla			B. COUNTY	on: residence	before admission)
6.	SEX	7. RACE				NEVER MARRIED	C. CITY O	RTOWN			D. INSIDE	CITY LIMITS?	0~
F	emale	Neg	ro		WED 🗌	DIVORCED	Ba1	timore				YES 🔀	маП
	DATE OF BIRTH		i 0. AGE (ir	yeors	If Und	er 1 Yr. If Under 24 Hrs.	E. STREET	AND NUM				IES LA	NO L
	3-16-190			68			1338	Penns	ylva	nia Av	enue		
H.	BIRTHPLACE (S	tate or fareig	in country)			IZEN OF	13. FATHER	'S NAME					
1	Vorfolk,	Virgin	nia		AAI	U.S.A.	Will	iam Ar	ms tr	ona			
14A	USUAL OCCU	ATION (Giv	e kind of work	14B. KIN	D OF BL	ISINESS OR INDUSTR	IS. MOTH	R'S MAIDE	N NAM	AE .			
d one	omes tic	Work	en itrefired)					ie Bia					
ló. (Yes	WAS DECEASE , no or unknown)	O EVER IN	U.S. ARMED	of service	10	7. SOCIAL SECURITY NO.	18. INFOR					ADDRESS	
	No.				" <u> </u> 2	31-07-3770	Mrs.	Rosie	Wils	on 13	338 Pen	na. Ave	enue
	19. 4	14				CAUSE OF DEA	TH						PROXIMATE INTERVAL
	7/0	1				Arterio	ecloro	tic ca	rdio	***********	or disc		VEEN ONSET AND DEAT
		OR COND		CITA		MICELL	screio	LIC Ca.	IUIO	vascui	ar urse	ease	
	Aug.	i meon the		Ing. e.g		(A)IMMEDIATE	AS A CONSE	NATION OF					
Н	heart foilure, injury or com	asthenio, etc.	. It meons the	diseose,		DUE 10, OK	AS A CONSE	MENCE OF:					
	,,	p.1.00.1011 W1110		,									
		TECEDENT				(B)						25-119	
	DISEASES O	R CONDITION	DNS, IF ANY	GIVING	}	(B)	AS A CONSE	QUENCE OF	:				
7	UNDERLYIN	G CONDITI	ON LAST.	IINO INE									
Õ						(c)							
CERTIFICATION	OTHER SIGN	FICANT CON	II NDITIONS CO RELATED TO	ONTRIBU	TING								
뜬	DISEASE OR	CONDITION	GIVEN IN PA	ART I (A)	•								
ER	20A. DATE OF	OPERATION	1 20B. CON	ADITION	FOR W	HICH OPERATION W	AS PERFORM	MED				21. AUTO	PSY? (Yes or No)
L al	0											no	
의	UNDERLYING	AL CAUSE	TRIB-		228. PL	ACE OF INJURY(e.g., orm, fociory, street, offic	in or obout : bldg., etc.)	22C. WHERE	DID (I	l in Boltimor	e City, give ex		
	UTING CAL			\ (1)	1 1005								
	OF INJURY (APPROX.)	monin) (D	oy) (Year) (Hou		INJURY OCCURRED	WHILE	22F. HOW D	נאו סוי	URY OCCL	IR?		
	23.	fy that I he	ald 1.	[~			1.1					
				nquiry [top sy 📙		,		death In my		
Н	result	ed fram: N	aturol caus	ses 🛚	Acc	ident Sylcid	e L H	omicide	l	Indetermin	ed monner		
	4001141			1 1	, /	/ / /		CHIEF MED	ICAL EX	KAMINER			5.44E 61044ED
	SIGNATU	RE /	west	V	1 K2	and M.D	ASS	STANT MED	ICAL EX	AMINER	X		DATE SIGNED
	EXAMINE				,			CIATE MED	ICAL EX	AMINIED		41	1/70
	NAME (T)	(pe) Ro	nald N	. Ko	rnb1	um, M.D.	W3(CIATE MED	IUNL E/	CARRIVER		7/	1//0
24 A	AOVAL (Specif	ATION, 2	48. DATE			NAME of CEMETERY	or CREMATO	DRY	1	OCATION		n, or county)	
	Burial		4-4-70)	M	t. Auburn Co	emetery	,	, 8	Baltimo	ore,	Mary	land
25/	APR 3	19/U		25B. N	Bey	F REGISTRAR	25C.	FUNERAL D				ADDRESS Laure	ns Street
VS	151-REV. 1/1/68					N. or and a second			- (1)				

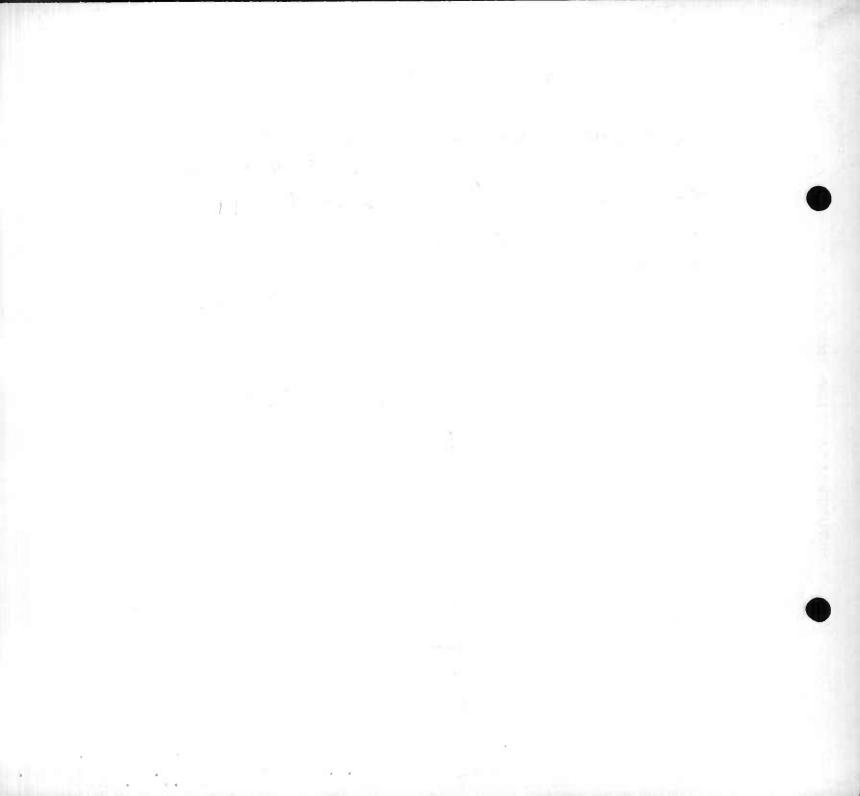


100	70	2524	BALTIMORE CITY	HEALTH DEPARTME	ENT	200	0.1
BIRTH NO.	, ,,	3531	CERTIFICA	TE OF DEA	TH REG. NO	70	3531
I. NAME OF DE	CEASED				ATE AND HOUR OF DEATH		
(Type or Print)	LINZA				April 1, 1970	le.	8 30 PM
3. PLACE IN BA	LTIMORE, MARYLAND, V	VHERE PRONOU	INCED DEAD	4. USUAL RESIDENCE	E (Where deceased lived, II is	nstitution: resi	dence before odmission)
FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	MON, GIVE STREET	MARYLAND			1510
INSTITUTION				C. CITY OR TOWN BALT IMORE	D. INS	IDE CITY LIM	
GA			NURSING HOME	E. STREET AND NUM	ABER	YES 🔀	NO 📗
70	2525 Belve	dere Ave			oldspring Lane		
S. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	If Under 1	Yr. If Under 24 Hrs.
MALE	NEGRO	WIDOWED		6-6-1891	last birthday) 78	Months	lays Haurs Min.
IOA, USUAL OCC	UPATION (Give kind of wor working lile, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or fareign country)	12. CITIZEI	N OF WHAT COUNTRY?
Retired		Balto.	Transit Co.	North Thumb	perland Co., Va	. U.	s.A.
13. FATHER'S NA	ME			14. MOTHER'S MAID	EN NAME		
	ELI DAVIS			JULIAN [DAVIS		
5. Wes Decessed	Ever in U.S. Armed Fa D)(If yes, give wor er dot	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		A	LDDRESS
No.				Mrs. Marie	Davis 1459 Mor	u n tmoor	Court
1B. 3 3	3.81		CAUSE OF DEATH	11 - A	1		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DE	RECTLY	Prol.	blo Pud	monary emb	this !	10 a T
(This does	nal mean the made of	dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	······		Memiles
heart failure,	asthenia, etc. it means	the disease.	DUE 10, OR A3 /	CONSEQUENCE OF:	7	- 1	
	ANTECEDENT CAUSES		Cerel	cal The	nersis		4 weeks.
DISEASES	OR CONDITIONS, II	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	1/		
rise la lh	e abave cause (A) G CONDITION last	slating the	(a) Ction	anlated	Hernia.		Sweeps.
	11	-	(C)	7			
OTHERSIGNI	FICANT CONDITIONS CO			-			
DISEASE OR C	TH BUT NOT RELATED TO T CONDITION GIVEN IN PAI	RT 1 (A).	***************************************	******	***************************************		p == = = = = = = = = = = = = = = = = =
OTHER SIGNII TO THE DEA DISEASE OR CO 19A. DATE OF	OPERATION 198 CON		HICH OPERATION	20A. AUTOPSY? (Ye	s er No.) 208, IP YES, WERE IN CERTIFYING CA	FINDINGS COUSES OF DE	ONSIDERED
U 21A. ACCIDE	NT WAS UNDERLYING	1 / 218,1	PLACE OF INJURY (e.g., in	or about 21 C. WHERE	DID (if in Boltimo	re City, give e	exact location)
OR CONTRIBE	NT WAS UNDERLYING [UTING [] CAUSE OF medical examined	home	, form, factory, street, of	ice bidg., INJURY OCC	CU R?	ie Chy, give e	Act loconom
O 21D. TIME	(Manth) (Day) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?		
OF INJURY		Whil	e At Not White	1			
	that (1) (this hospita	Wark	-	rach 28	th 19 70 to A	2011	1 12 70
	last saw the decease				ond that in (my) (our) opi		19
	•		(We) (did) (did nat) v			nion deoin	occurred on the date
23A. SIGNATU		100 000163 (1)	(ne) (ala) (ala hai) V	ew the body offer o	learn.	23 B. DATE	SIGNED
(100	" B Ch	2		nding Med.	Shoff Phys.	4/	2/20
23C. PHYSICI	IN'S		DEGREE	3D. ADDRESS	- rnys	140/	
NAME (Alan B	Cohe	ND MD	3501	ST Paul	57	-2/2/
HA BURIAL CRE	MATION, 248. DATE		ME at CEMETERY of CRE	MATORY		ity, tawn, ar c	county) (State)
Buria		Мо	unt Auburn Ce	meterý	Baltimore,		aryland
SA. DATE REC'D	BY HEALTH DEPT.	258 NAME O		25C. FUNERAL DI			ADDRESS
DD 3 10	70 22.88.	Jaben M.	5. n n n			01 Laur	ens Street
S 150-REV. 1/1/	68	- Antitive (ATT TO THE PERSON NAMED IN COLUMN TO				

IMPORTANT

DIRECTOR:

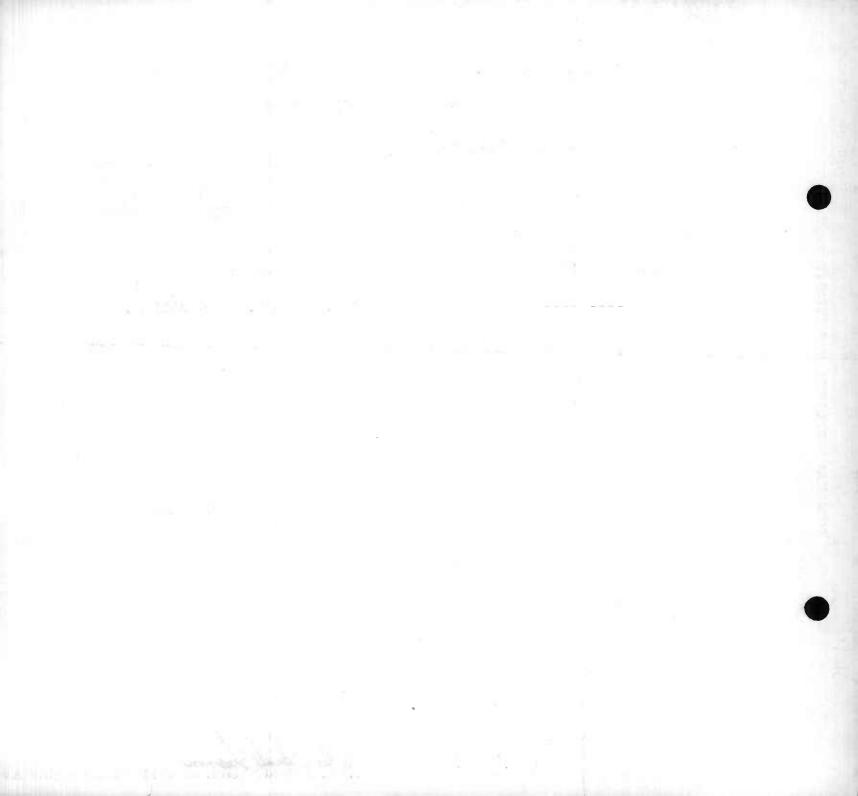
FUNERAL



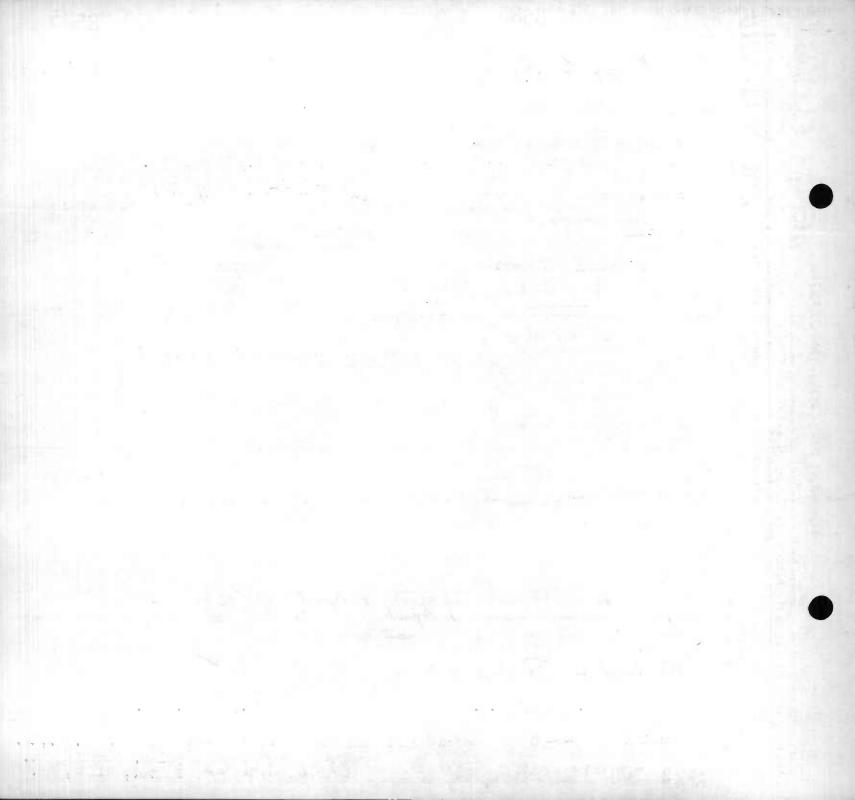
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HALLIA PARTITION AND THE BALL THE Latigooth inul 4-22 96 73 AZ W Museumolia Hope the Quality. Wallet Resources Phlanous Mg PB Done vous

6	3-421) 70	0 = 0 4		HEALTH DEPARTMENT	REG. NO.	70	3534
	NO.	SED TAZATTA	3534	CEKTIFICA	TE OF DEATH			
	or Print)	RT BLAC	CE K S1	•	11/5	AND HOUR OF DEATH		
3. PL		MORE MARYLAND, W			4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. If i		esidence belora admissian)
FULL HOS INST	NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT ATION)	UTION, XGIVE STREET	Maryland c. CITY OR TOWN	D. INS	IDE CITY LI	
5	NAI	1+OSPITAL	- of Bi	ALTIMORE	Baltimor E. STREET AND NUMBER 3621 W.		YES 🛚	NO []
	7 ale	.race White	WIDOWED		8. DATE OF BIRTH	9. AOE (In years last birthday)	If Under	Days Haurs Min.
IOA, U	JSUAL OCCUP during most of wo Salesm	rking lile, even if retired)	Ice C		11. BIRTHPLACE (Stote or for Maryland	reign caontry)		IEN OF WHAT COUNTRY? J. S. A.
3. F/	ATHER'S NAMI		1		14. MOTHER'S MAIDEN N	AME		
	Gil	bert Black			Zula Goo	drich		
5. W Yes,	as Deceased E	ver in U. S. Armed For I yes, give war ar date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	NO			214 20 5422	Mrs. Sarah	E. Black 36	21 W.	Belvedere A
1		OR CONDITION DISEADING TO DEATH	RECTLY	PUL MO	NARY EN	BOLISM	- 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
i i	njury of compl AN DISEASES OR ise to the	condition lost.	death.) any, giving	BILATER M CELLU	A CONSEQUENCE OF: A L LOWER L(T(S w) A CONSEQUENCE OF:		TIS	\$2 weeks.
ATION	O THE DEATH	ANT CONDITIONS CO BUT NOT RELATED TO TI VDITION GIVEN IN PAR	HE TERMINAL	PNEUMO	NIA.			£2-3 whs.
RTIFIC	A-DATE OF O	PERATION 198 CON WAS PER	DITION FOR TORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B, IP YES, WERE IN CERTIFYING CA	FINDINOS USES OP I	CONSIDERED DEATH?
CALC	IA. ACCIDENT IR CONTRIBUTE SEATH (notify m ID. TIME (I F INJURY APPROY.)	WAS UNDERLYING NO CAUSE OF edical examines	21B hom etc.	e, form, foctory, street, of	or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(ii in Baltimo	re City, give	s exact lacation)
MED	ID.TIME (I F INJURY APPROX)	Month) (Day) (Year)		INJURY OCCURRED Ile At	21F. HOW DID f	NJURY OCCUR?		
		at (f) (this hospital est saw the decease		he deceased from 3:29-70	3 · /4 · 70 and	-	29.7 Inlan deat	n occurred on the dote
			ed above. (f	(We) (did) (d id not) v	few the body after death	le .		
2	A. SIGNATURE		- //	MID. Aug	nding Med.	Shelf ISS		E SIGNED
2	C.PHYSICIAN'	e)		DEGREE	Adding Med. Director D	Shoff Phys.	3.	29.70
	M. BOD	ENHEIR	,	M.D.	Smal	Hoomla	1	
24A.	REMOVAL (Sp. Burial		0 Dr	uid Ridge Cer		Pikesville, 1	ity, town, o Maryla	•
25A.	R3 19	70 Jake C.	25B. NAME (F REGISTRAR	J. E. Lowe.	C Deling	1611 F	ank Heights A
\$ 15	0-REV. 1/1/68				1			



ZXXXXXX	R 400 70 3535 BALTIMO	DRE CITY HEALTH DEPARTMENT
-39-54 is -		FICATE OF DEATH REG. NO. 10 3500
an eat ase th th	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
de de	(Type or Print) Many C. Ruley	1 April 70 12:53 Am
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence befare admission) A, STATE B. COUNTY
2 0 0	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STR	Maryland 1605
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STR ADDRESS OR LOCATION) INSTITUTION	ID. INSIDE CITY LIMITS?
	Baltimore City Hospital	Baltimore YES X NO
_ = 0 0 .=	4940 Eastern Avenue	E. STREET AND NUMBER
de rade	Baltimore, Maryland 21224	347 Gusryan St., Balto., Md. 21224
ine ine ula ula	5. SEX 6. RACE 7. MARRIED NEVER MARR	RIED B. DATE OF BIRTH 9-8-95 Ost birthdoy (74) Months Doys Hours Min.
ntr ntr rm eg ase	Female White WIDOWED X DIVOR	
d co	tOA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR IN done during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY?
de inde	Retired Housewife	Maryland United States
was the sposi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
=	Sebastian Lippert	Catherine ?
o P	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY N	o. 17. INFORMANT 4940 Eastern Avenue
dea ce c	No NONE	BCH Records: Baltimore, Maryland 21224
T T	18. 4 / A GAUSE O	PF DEATH APPROXIMATE INTERVAL
an)	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
atte med	LEADING TO DEATH	DIATE CAUSE Myo cancha / Infarct 4/ his
o o o o	(This does not mean the mode of dying, e.g., DUETO	O, OR AS A CONSEQUENCE OF:
propre	injury ar camplication which caused death.)	
fra	ANTECEDENT CAUSES	
A d o o	DISEASES OR CONDITIONS, if any, giving	O, OR AS A CONSEQUENCE OF:
n in s	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
was	11	
E		
ere	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	DN 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
re re	W W A A COLORNY WAS INDEED WIND TO	1/0
befor	OR CONTRIBUTING CAUSE OF home, form, foctory,	JRY (e.g., in or about 21 C. WHERE DID (If in Baltimare City, give exact lacation) street, office bldg., INJURY OCCUR?
	U	
ained	OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCUI	
	(APPROX.) While At Work	Nat While At Work
	22. I certify that (b) (this hospital) ottended the deceased fr	om 1 April 19 70 to 1 = 1 = 70 19
0	that (M) (we) last sow the deceased alive on A pa	
0	and hour and from the couses stated above. (4) (We) (did) (did)	
must be	23A. SIGNATURE	238. DATE SIGNED
_	R. 1 11 R.1. 200	Attending Med. Director Phys. 1 April 70
. 0	23C. PHYSICIAN'S	GREE 122D ADDRESS
0 0	23C. PHYSICIAN'S NAME (Type)	Baltimore City Hospital
d prior to approval	Richard L. Bishop, M.D.	DEGREE 4940 Eastern Ave., Balto., Md. 21224 RY OF CREMATORY 24D. LOCATION (City, lown, or county) (Stole)
6	REMOVAL (Specify)	
written	Burial 4-4-70 Sacred He	art Cemetery 7401 German Hill Rd., Ba.Co., Nd.
deceased prior written approv	2SA. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	25C FUNERAL DIRECTOR 901 S. COMPTESS St.
3	APR 3 1970 26.6 E. Jaben M.D.	Charles Sigueler Balto., 21224, Md.
	VS 150-REV. 1/1/68	

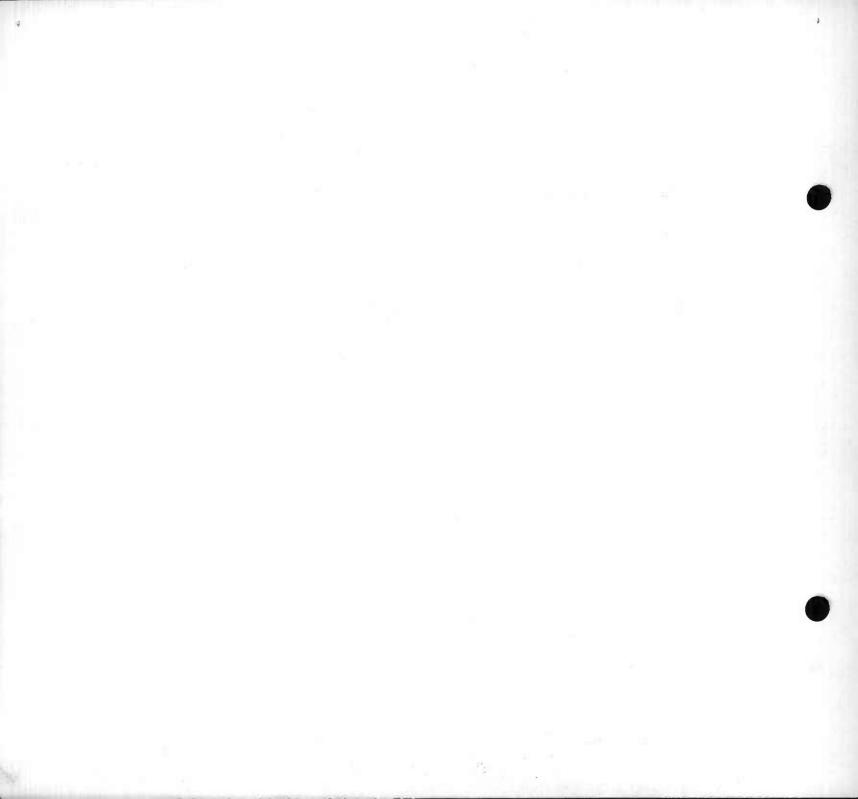


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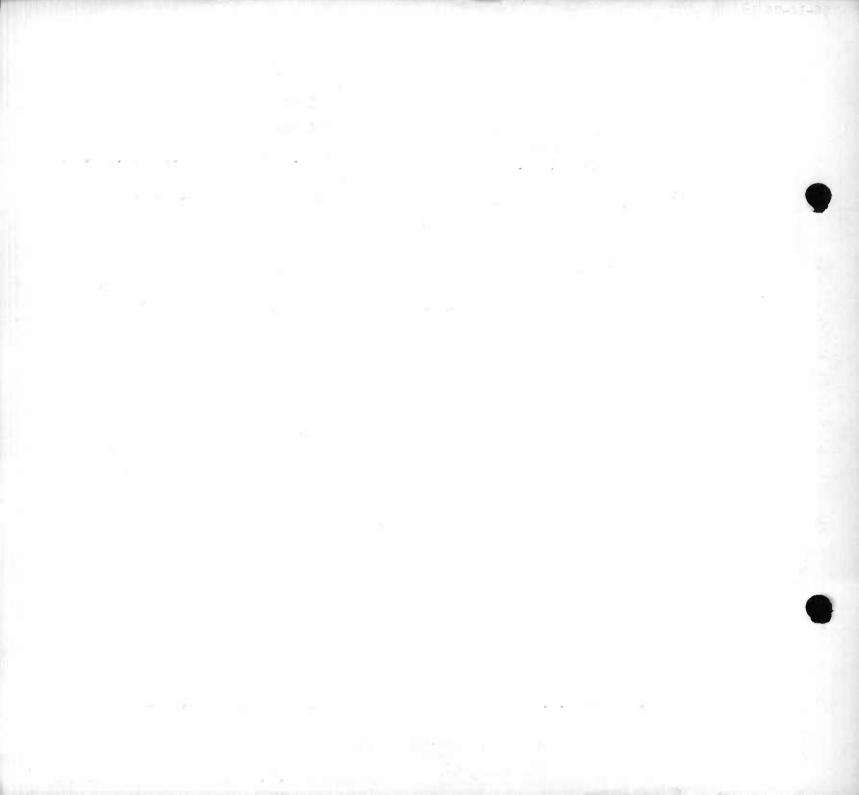


1 10110 3301	CERTIFICATE OF DEATH REG NO 3537
BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known X Month Day Year Hour
	DEATH Estimoted March 30, 1970
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Manth Day Year Haur PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	March 30, 1970
Sinai Hospital (DOA)	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE D. C.
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Washington YES NO NO
9. DATE OF BIRTH 8-10-95 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths; Doys; Hours; Min.	
	1430 Monroe St NW
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
South Carolina WHAT COUNTRY?	Jake Flagular
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
Cook Railroad	Diane Scott
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, na orunknown) (If yes, give war or dates af service) SECURITY NO. 707-05-376	5
19. LA 19 4. CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY Arteriosc	lerotic cardiovascular disease
LEADING TO DEATH (A)IMMEDIATE	
	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
OF (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No)
	No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- hame, form, foctory, street, affile UTING CAUSE OF DEATH.	, in ar about 22C. WHERE DID (If In Baltimore City, give exact location) ce bldg., etc.) INJURY OCCUR?
22D. TIME (Manth) (Day) (Year) (Hour) 22E.1NJURY OCCURRED	22F. HOWDID INJURY OCCUR?
(APPROX.) m. WORK AT V	T WHILE WORK
I certify that I held an Inquiry Inspection X Au	utopsy and that an this basis, death in my apinlan
resulted fram: Natural causes X Accident Suici	de Hamicide Undetermined manner
ACTUAL 110840 10 700	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE ME M.I.	- Anna - 1 1070
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER April 3, 1970
NAME (Type) 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, tawn, ar county) (State)
REMOVAL (Specify)	
Buria 1 4/5/70	Kingstree, S.C.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
ADD 3 1970 P. S. B. Farber M.D.	Wm C March 928 E. North Ave.
VS 151 REV. 1/1/6B	

8877 - 80 - TOY

Va C March 983 C. forth ave.

VS 150-REV. 1/1/68

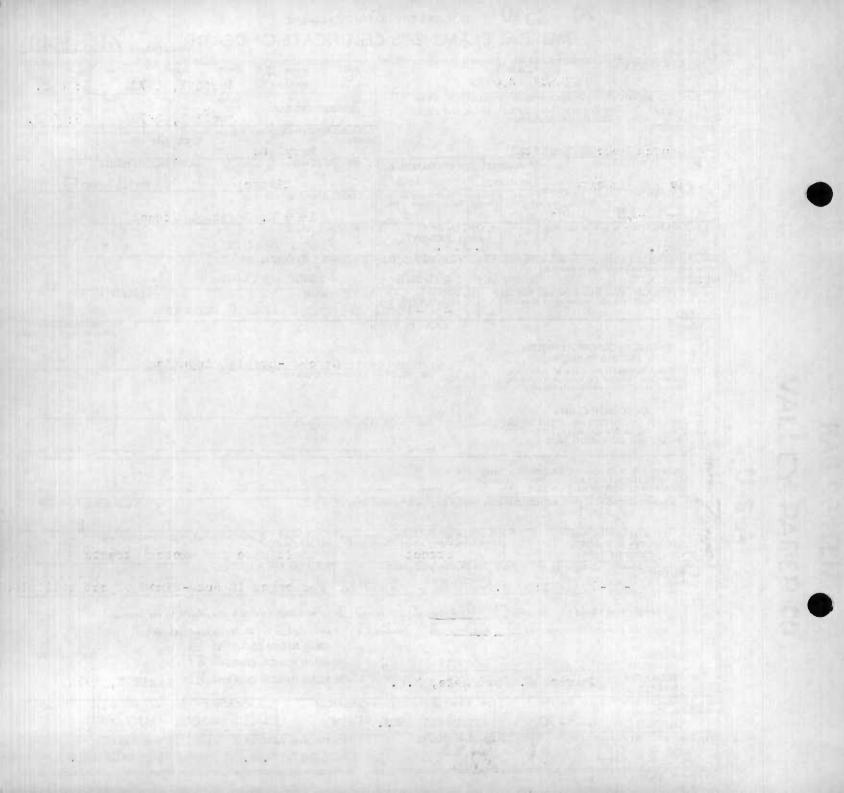


S-530 70 353	29	TE OF DEATH	REG. NO	70 3539
(Type or Print) Smith, Augusta	Virginia		D HOUR OF DEATH	12:45 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR ADDRESS OR LOCATION)			e deceased lived, Il inst	titution: residence before admission)
HOSPITAL OR Provident Hospital Divison Baltimore, Ma	pital Street	C.CITY OR TOWN Baltimore E. STREET AND NUMBER		YES MO NO
5. SEX 6. RACE 7. MAR WIDO	RIED NEVER MARRIED WED DIVORCED	8-6-22	9. AGE (In years lost birthdoy)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even il relired) Short Order Cook 13. FATHER'S NAME	D OF BUSINESS OR INDUSTRY	VA e-	•	12. CITIZEN OF WHAT COUNTRY?
Marcus omi	ith	Sadie Ne		
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of serv	16. SOCIAL SECURITY NO. 212-24-8363	17. INFORMANT M's Saddie Sm	ith-Mother	Address Same
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		rulan Acci	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, heart foilure, osthenia, etc. It means the distingury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, ginse to the obave cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 17B. CONDITION IN WAS PERFORMED	ving the (c) Ura	SECEPTOVASCA CONSEQUENCE OF: trition and DA CONSEQUENCE OF:		7
19A.DATE OF OPERATION 19B. CONDITION I WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofily medical examiner)	21B. PLACE OF INJURY (e.g., Inhome, lorm, loctory, street, olf	or obout 21 C. WAERE DID ice bldg. INJURY/OCCUR?	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH? City, give exect location)
OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work Not While At Work	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (1) (this hospital) ottend that (1) (we) last saw the deceased alive ond haur and from the causes stated obay	on 3-31-70	19and tha	t in(my) (aur) opinio	on death occurred on the date
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Raymyndo R. Corn	DEGREE Phys.	ding Med. Solution Solution S	taff hys.	March 31, 1970
24A. BURIAL CREMATION, 24B. DATE #24 Burial 4-3-70	C.NAME of CEMETERY of CREATERY	m. Ba	CATION (City, ltimore, M	aryland
APR 3 1970 July E. 1860	ME OF REGISTRAR	Kelson F.H.	V,Bailey 1348 Cal	houn Street



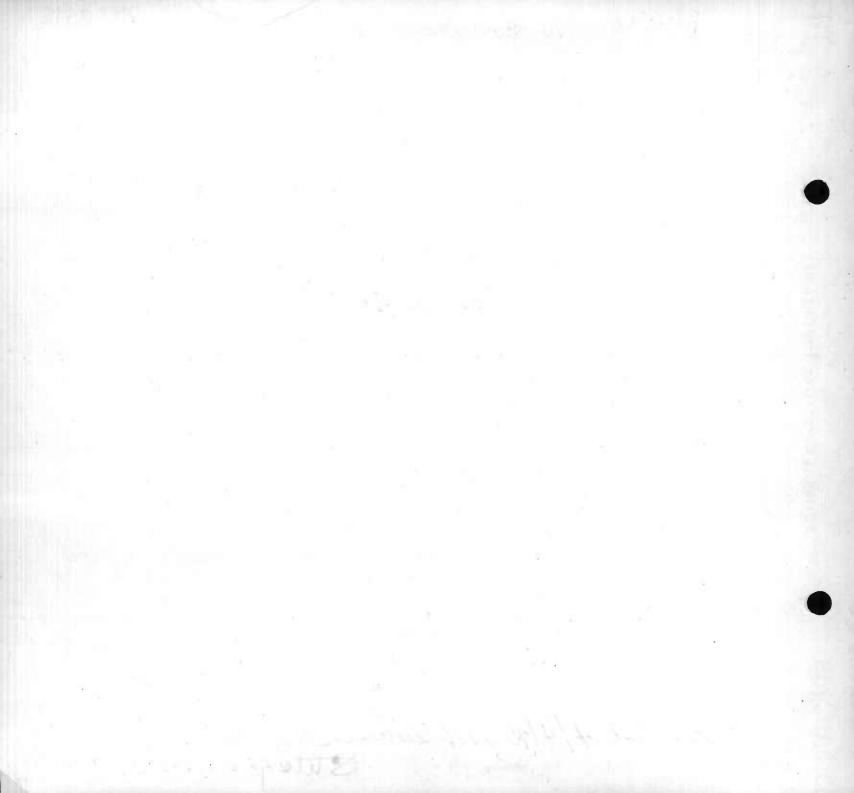
VS 151-REV. 1/1/6B

	EALTH DEPARTMENT					
BIRTH NC.	CERTIFICATE OF DEATH REG. NO. 70 3540					
1. NAME OF DECEASED Allen WILLIAM BOOKER	2. DATE Known K Month Doy Year Hour OF DEATH Estimated April 1, 1970 6:30 P. M.					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD April 1, 1970 6:30 P.M.					
ORANSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
Church Home & Hospital	Maryland					
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
Male Negro WIDOWED DIVORCED	Baltimore YES X NO					
last birthday) Months & Days & Haurs & Min.	E. STREET AND NUMBER					
1-10-28 22 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	1904 W. Saratoga Street					
- WHAT COUNTRY?	13. FATHER'S NAME					
Md. U.S.A. IAA.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Floyd Booker					
done during most of working life, even it refired)	Laura Sutton					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	IB. INFORMANT ADDRESS					
(Yes, no ar unknown) (If yes, give war ar doles af service)						
19. CAUSE OF DEA						
601011	between onset and death					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Comphyer exertal intenter					
(This does not meen the mode of dying, e.g., pert lollure extends etc.) through the disease.	CAUSE Cerebro-cranial injuries AS A CONSEQUENCE OF:					
heart loilure, osthenio, etc. It means the disease, injury or complication which coused death.)						
ANTECEDENT CAUSES /p\						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:					
I UNDERLYING CONDITION LAST						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************					
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)					
Z 22A. EXTERNAL CAUSE WAS 228, PLACE OF INJURY(e.g.,	No					
UNDERLYING OR CONTRIB- home, farm, foctory, street, office	In or obout 22C. WHERE DID (il in Boltimare City, give exact location) bldg, etc.) INJURY OCCUR?					
UTING ☐ CAUSE OF DEATH. Street 22D. TIME (Manih) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED.	partimore and exeler streets					
OF INJURY (APPROX.) 3-31-70 2:00 A WHILE AT NOT	walls					
(APPROX.) 3-31-70 2:00 Am. WORK	ORK Passenger in auto-fixed object collision					
I certify that I held on Inquiry Inspection X Au	topsy ond that on this basis, deoth in my opinion					
resulted from: Natural cousesAccident Sulcid						
CHIEF MEDICAL EXAMINER						
SIGNATURE leaves , of Fat, M.D.	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER					
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER April 2, 1970					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)					
Burial 4-6-70 Arbutus Mem.						
25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR	25C. FUNERAL DIRECTOR V Balley ADDRESS					
APR 3 1970 Bell F. Valley M.D.	Kelson F.H. ·1348 Calhoun St.					

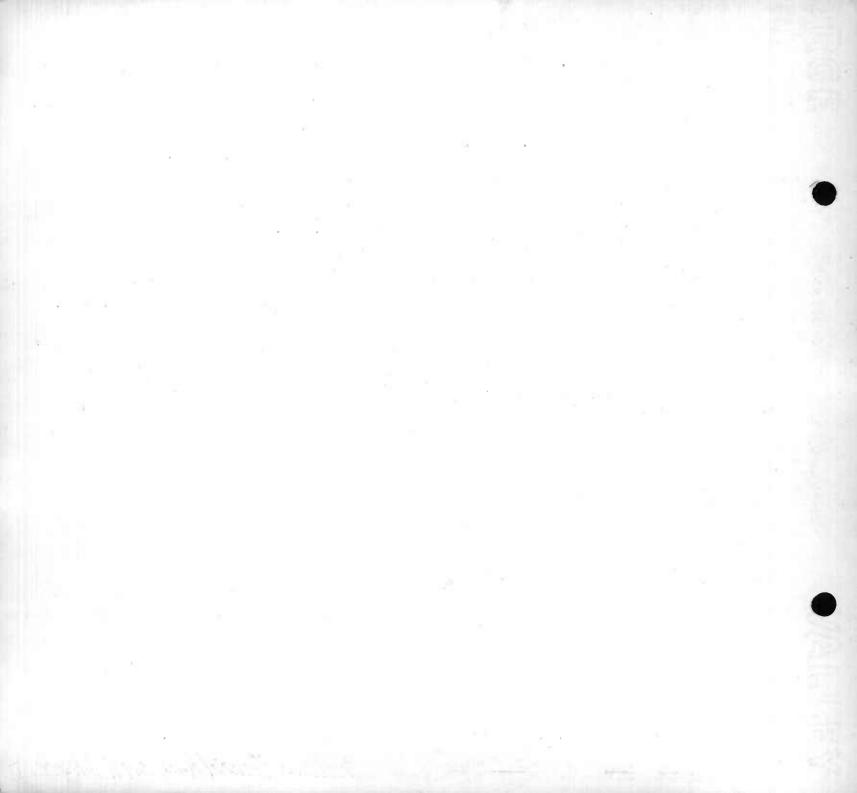


VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

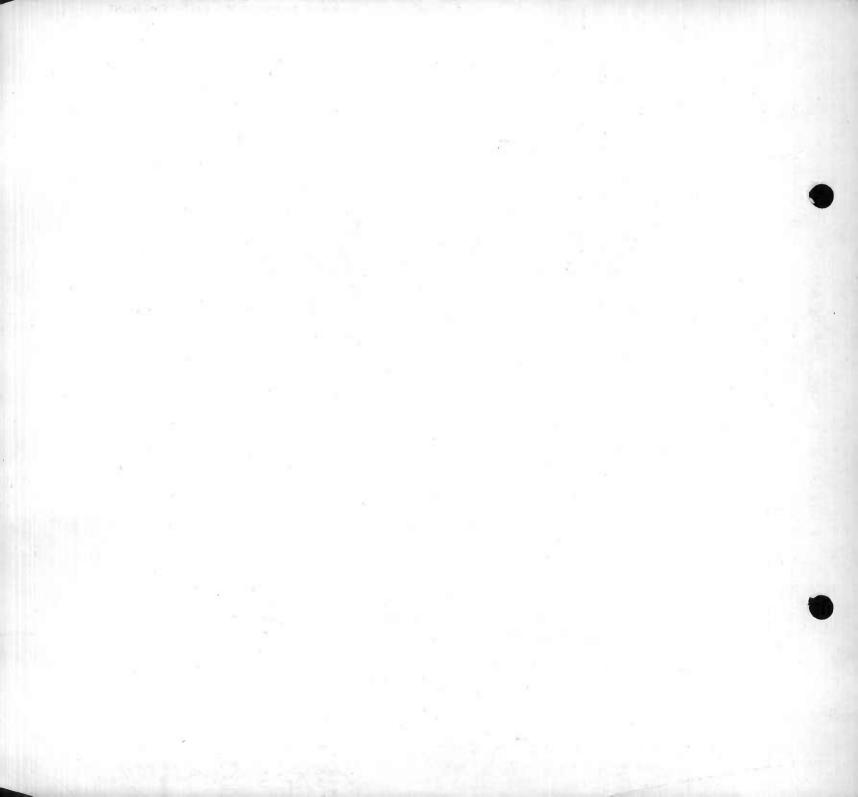


BALTIMORE CITY HEALTH DEPARTMENT





VS 150-REV. 1/1/68



IMPORTANT

DIRECTOR:

FUNERAL

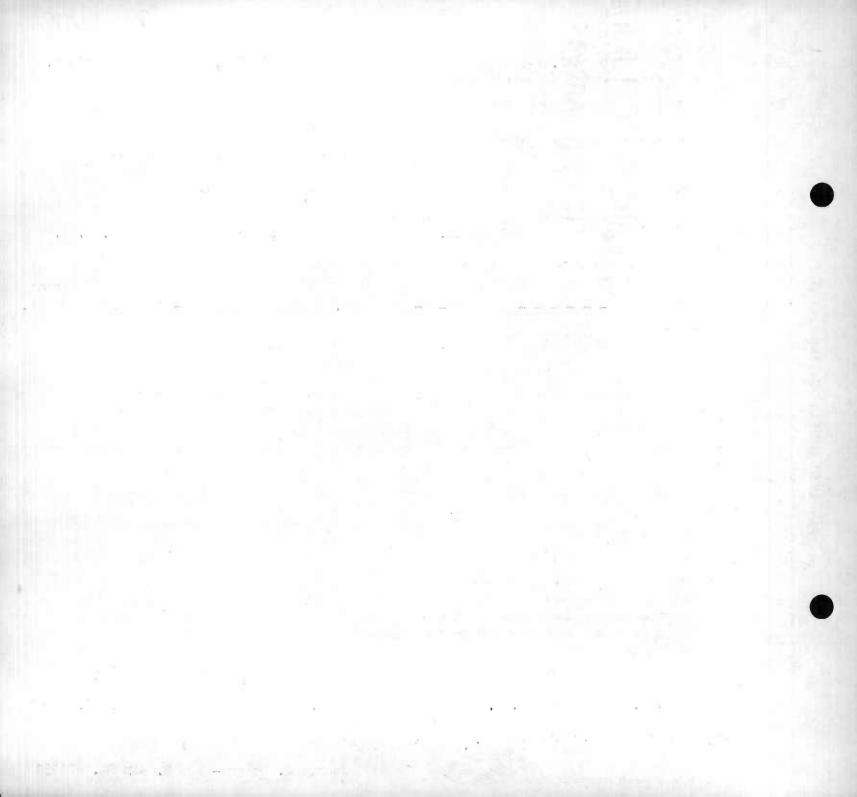


	BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 70 3546
	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 70 3546
	RENNINGER-LLOVD H. 2.400
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admiss 8, COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND 104
1	NORTH CHARLES GENERAL HOSP BALTIMORE - YES NOT
	49 2601 FAIT AVE, #21224
ĺ	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) WIDOWED DIVORCED DIVORCED 03-09-12 Months: Doys Haurs Mi
ŀ	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY COUN
II.	MASON BETH STEEL CO. DEWNA. U.S.A.
ľ	13. EATHER'S NAME
7	MEHLOW MAYLAND RENNINGER MARY HOFFMAN- 18 Was Decassed Ever in U. S. Armed Forces? 116, SOCIAL 117, INFORMANT
Ċ	ADDRESS
-	NO NO 184-07.9571 STELLA KENNINGER-2601 FAIT AVE,
	DISEASE OR CONDITION DIRECTLY OCCUPATION & MILLION SETWEEN ONSET AND E
	LEADING TO DEATH (A)IMMEDIATE CAUSE LIN BOLISHILL (A)IMMEDIATE CAUSE
	heor) foilure, asthenia, etc. It means the disease, injury or camplicolion which coused deoth.]
	ANTECEDENT CAUSES Throng (Danie, Co. and C.
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
l	underlying condition lost. (c) Sovere pullway any liane
ŀ	z
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONSIDERED IN CERTIFYING CAUSES OF DEATHS
-	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATHER 19 CONTINUE OF NO. 21A. ACCIDENT WAS UNDERLYINGED 19A. C. C. C. D. D. L. C. D. D. L. C. C. D. D
	21A. ACCIDENT WAS UNDERLYING 21A. PLACE OF INJURT (e.g., in or obout 21C. WHERE DID home, farm, fociory, street, office bidg., INJURT OCCUR? 21A. ACCIDENT WAS UNDERLYING 21A. PLACE OF INJURT (e.g., in or obout 21C. WHERE DID home, farm, fociory, street, office bidg., INJURT OCCUR?
200	21D.TIME (Month) (Day) (Yent (Hout) 21E IN LITE OCCURRED
	OF INJURY (APPROX.) While At Not While At Work
	22. I certify that (1) (this hospital) attended the deceased from 4-2 19 70 to 4-2 19 7
	that (1) (we) lost sow the deceosed alive on 4-2 19 70 and that in (my) (our) opinion death occurred on the
	and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
	23A. SIGNATURE 23B. DATE SIGNED
	23C. PHYSICIAN'S DEGREE Phys. Becker Director Phys. April 3, 1970
	23C. PHYSICIAN'S NAME (Type) De TORPE 23D. ADDRESS 441 S. ELL WOOD AVE. BALTO. 14
2	4A. BURIAL CREMATION, 124B. DATE DIC NAME of CRASTERS
	Carried Only of the Control of the
2	
	APR 6 1970 258 NAME OF REGISTRAR 25G. FUNERAL DIRECTOR GEORGE A. WEBER- 705 S. ANN ST.
֡	\$ 150-REV. 1/1/68

AND A PERSON OF THE PERSON OF

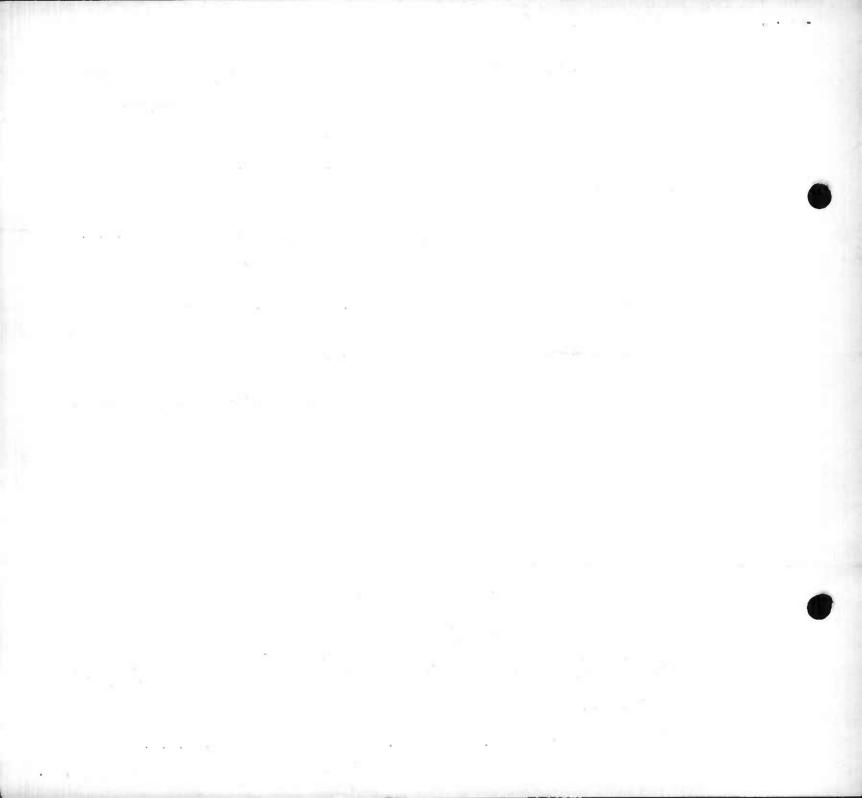
IMPORTANT

FUNERAL DIRECTOR:

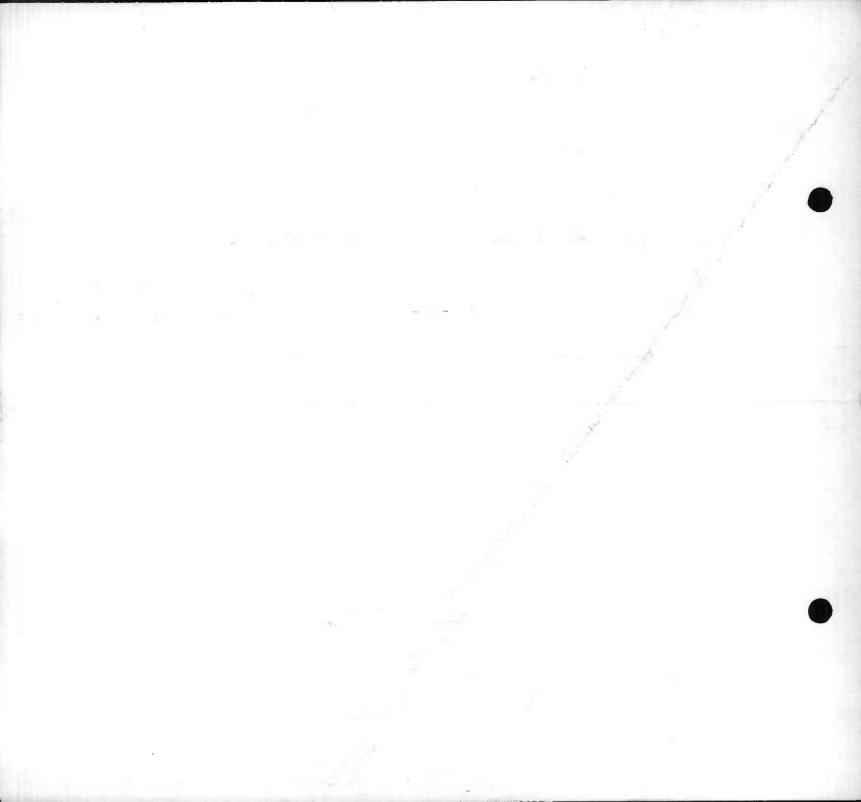




C-4	80 70	3549		HEALTH DEPARTMENT	REG. NO	70 354	19
1. NAME OF D					AND HOUR OF DEATH	1	
	CHALK,	Susan	Paige	4. USUAL RESIDENCE (W	3/31/70	1 10:	00 P N
3. PLACE IN I	BALTIMORE, MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W A. STATE B. COL	here deceased lived If	institutions residence bole	ore admission
FULL NAME HOSPITAL OR	OF (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	Maryland c. CITY OR TOWN		undle 5 5 side City Limits?	2-00
33				Pasadena		YES NO	
	Johns Hopkin			1	k 62		
5. sex Female		WIDOWED		8. DATE OF BIRTH 5/11/64	9. AGE (In years lost birthday) 5	Months Doys Hou	Under 24 Hrs.
IOA, USUAL O	CCUPATION (Give kind of world of world)	10B KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign cauntry)	12. CITIZEN OF WH.	AT COUNTRY
	INE	١	Vone	Baltimore, M	aryland	U.S.A.	
13. FATHER'S N HOWa	ard Chalk	J		Joan Bi			
5. Wes Decees	sed Ever in U. S. Armed For (wn) (II yes, give war at date	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
NO PUNKNO	(II yes, give war at date	s of service)	SECURITY NO.	Mr. Howard R	. Chalk - S		
18. 3 44 DISE	EASE OR CONDITION DI	RECTLY	CAUSE OF DEAT	se CARDIO-REST	ADDIT		TE INTERVAL SET AND DEATH
heart failur injury at c	e nat mean the mode of the asthenia, etc. It means complication which caused ANTECEDENT CAUSES OR CONDITIONS, if	the disease, death.)	DUE TO, OR AS	REYES. A CONSEQUENCE OF:	***************************************	E 441	hrs.
rise la	the above couse (A) NG CONDITION last.	stating the	(c)	***************************************			
✓ DISEASE OF	VIFICANT CONDITIONS COL ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	TI (A).	Management and the debate of	***************************************			
19A. DATE	OF OPERATION 198. CON WAS PERF	DITION FOR Y	WHICH OPERATION	Yes	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERE	No
OR CONTRI	DENT WAS UNDERLYING DENTING CAUSE OF	21 B. hom etc.J	e, form, toctory, street, of	or about 21 C. WHERE DID	(If In Baltimo	re City, give exact lacation	n)
21 D. TIME OF INJURY (APPROX)	(Month) (Day) (Year)		INJURY OCCURRED le At Not While At Wark	21 F. HOW DID IN	JURY OCCUR?		
	fy that (i) (this hospital e) last saw the decease			3/30 19 70 and t		/31	_19
		-	151	ew the body after death.		inian deoth accurred	on the date
23A. SIGNA	TURE OF	Lolome	mA Atter	ding Med.	Staff Phys.	23B. DATE SIGNED	
230 PHTSIC NAME Wi	HAM'S (Type) 11iam G. Bar	tholon	2	The Johns H		spital	
4A. BURIAL C	REMATION, 248, DATE		ME al CEMETERY of CRE			ily, town, or countyl	(Stote)
Burial		Mt.	. Carmel Ch.			.O. Marylan	
	D SY HEALTH DET. BE			25C. FUNERAL DIRECTO Single ton Fu			
S 150-REV. 1/	1/68			1			



K	3-266		0		HEALTH DEPARTMENT	7	0 3550
	RTH NO.	70	3550	CERTIFICA	TE OF DEATH	REG. NO.	3300
	NAME OF DECEA	SED			2. DATE AND	HOUR OF DEATH	
1 -	PLACE IN BALTIA	MORE MARYLAND.	IN-BER	THA	4-1-7	0 8:40 AM	M.
3	PLACE IN BALIF	MORE MARTLAND, V	HERE PRONOU	NCED DEAD	A. STATE B. COUNT	deceased lived. It institution	residence before odmission)
III H	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				C. CITY OR TOWN	STREET	2/0/
1	MARYLA	NO GENE	RAL H	OSPITAL	E. STREET AND NUMBER	YES	No
5.	SEX 6.	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years If U	nder 1 Yr., If Under 24 Hrs.
	F	W	WIDOWED	DIVORCED	3-07-85	st birthdoy) Month	ns Doys Hours Min.
10/	A. USUAL OCCUP	ATION (Give kind of work	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreign		ITIZEN OF WHAT COUNTRY?
	RETIRE	Clerica	1	Baking Co	Baltimore, M		
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NAME		
1	IE OR GIE	W.STRO	HR MAN,	V	SCHMINT	ELIZAB	ETH
15. (Ye	Was Deceased Ev	er in U. S. Armed For yes, give wor or dote	ces?	6. SOCIAL	17. INFORMANT	F L . L . 1 0	ADDRESS21201
	NO	, g " " 0, 0016		SECURITY NO. 216-05-0373	Julian Ahro	ne nonhow 10	21201
-	18.//33	9 1		CAUSE OF DEATH		ns, nepnew, IC	W. Monument
	DISEASE	OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH
	LE	ADING TO DEATH		(A) IMMEDIATE CAU	CVA		
	This does not heart failure, as	meen the mode of thenia, etc. Il means	dying, e.g.,	DUE TO, OR AS	CONSEQUENCE OF:		
	injury or compli	calion which caused	deoth.)	- 1	1 11 1		
	AN	TECEDENT CAUSES		Co. C.	nal through	sul	
	DISEASES OR	CONDITIONS, II	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	A	
	UNDERLYING	obove cause (A)	stoling the	in artonio	soler pour soulis	8 1/200	
		11		(C)_1=12.15.35.25.25.2		CAN INCOL	
NO	OTHER SIGNIFICA	NT CONDITIONS COL	ATRIBUTING				
CATION	TO THE DEATH B	UT NOT RELATED TO TH	E TERMINAL	********	***************************************		
FIC	19A. DATE OF OF	PERATION 198. CON	DITION FOR WH	IICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDING	S CONSIDERED
CERTIFI	0					IN CERTIFYING CAUSES OF	DEATH?
CALC	OR CONTRIBUTION DEATH (notify ma	WAS UNDERLYING DIG CAUSE OF	21 B. Pi home, etc.)	LACE OF INJURY (e.g., in lorm, loctory, street, olf	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore City, g	ive exoct location)
EDI	21 D. TIME (NO	lonth) (Doy) (Year)	(Hour) 21 E, 11	NJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?	
8	(APPROX.)		While Work	At Work			
	22, I certify the	t (i) (this hospital)	attended the	deceased from	- 2.0	70 to 4-1	19.70
	that (i) (we) las	st sow the decease	alive on				ath occurred an the dote
				(We) (did) (did nat) vi	ew the body after deoth.		am accorded an the dote
	23A. SIGNATURE	M. A	/ (, , , , , , , , , , , , , , , , , , , ,	and aller death.	23R. D.	ATE SIGNED
	- 111	lie Wille	PALLS	M. Alten		ff CT / /.	-1-70
	23C. PHYSICIAN'S	viv chair	0100	DEGREE Phys.	Director Phy ID. ADDRESS	78. 🗆 🗎 🥱	1-10
	NAME (Type)	ID FITTE	DDEY	MIN	MARYLANA	TENTO III	1000171
24A	BURIAL CREMA	TION, 248. DATE	24C. NAM	LE OF CEMETERY OF CREA	AATORY LAND	UENFRAL O	TOSP1/42
	Burial	ify)					or county) (Stote)
25A	DUITAL	4/4/70		tern Cemete		imore, Md.	
	0	1970 28	25B. NAME OF		25C. FUNERAL DIRECTOR		ADDRESS
VS	APR 6	जाप .स्थ	the my hands	and a see	schemenes 1	mene Home	3231 Brehond La



Il and	BALTIMORE CITY	HEALTH DEPARTMENT	1910
HRTH NO. 70 3551	CERTIFICA	TE OF DEATH	S. NO. 7U 3551
(Type or Print) GEORGE WIL	LIAM HUGHES	April 1,	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased	lived. If institution: residence before odm
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) INSTITUTION	STITUTION, GIVE STREET	Md. 21224 c. CITY OR TOWN Baltimore	D. INSIDE CITY LIMITS? YES NO NO
253 S. Ellwood	Avenue	E. STREET AND NUMBER 253 S. Ellwoo	
90			
	IED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 7/12/1878 9. AGE (In lost birthdoy 91)	
male white WIDOV			12. CITIZEN OF WHAT CO
done during most of working life, even if retired)	, or boomess on modern	The state of foldings seemings	12. CHIZZIV OT WITAT CO
Postal Clerk U.S	.Govt.	Baltimore, Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William J. Hu	ghes	Elizabeth F	uchs
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT Bethesda,	Md. 20034 ADDRESS
res, no of unknown/ (iii yes, give wor or dues of servi	220-44-6311	Jacob W. Hughes,	
1B.	CAUSE OF DEAT		APPROXIMATE INTE
DISEASE OR CONDITION DIRECTLY	un	acus dial int.	BETWEEN ONSET AND
LEADING TO DEATH		car war	excerc (
(This does not mean the made of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the dise	ase,	A GOTTE GETT GETT	
	unt O.	111111111111111111111111111111111111111	la I man
ANTECEDENT CAUSES	(B)	es, anamen, la	un l'institution
DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:	My dies 7
rise to the above cause (A) stating UNDERLYING CONDITION last.	ine (c) ACV		across a
			4.6
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG COM	estua fort fail	144 2 16.1
TO THE DEATH BUT NOT RELATED TO THE TERMIN		year radicy par	3-44/4
DISEASE OR CONDITION GIVEN IN PART I (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF Y	S, WERE FINDINGS CONSIDERED
WAS PERFORMED		IN CERTIF	YING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	In Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg. INJURY OCCUR?	and
U			
OF INJURY (Month) (Doy) (Yeor) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCU	R?
(APPROX.)	While At Work Not While At Work		
22 1 26 21 21 21 2 2 2			
22. 1 certify that (1) (this hospital) attend			
that (I) (we) lost sow the deceased alive	on man 11	19 70 ond that in (my)	(our) opinion deoth occurred on th
and hour and from the causes stated abov	e. (1) (We) (did) (did nat) v	iew the body ofter death.	
23A. SIGNATURE			23B. DATE SIGNED
1- No Torsh		nding Med. Staff	4/3/72
23C BUY GLANE	DEGREE Phy		7/0/70
23C. PHYSICIAN'S NAME (Type) Dr. Burton V.		23D. ADDRESS 2936 E. Bal	timore St.
	DEGREE C. NAME of CEMETERY OF CRI		(City, town, or county) (5
REMOVAL (Specify)			
	ak Lawn Cemet		ore, Md.
APR 6 970 BERE	Bay A.D.	Schimunek Funer 3331 Brehms I	al Home, Inc.
/\$ 150-REV. 1/1/6B		JJJI BIEIIIIS I	

1.00	56-50-86 d	js	0-340	.70	0=50	BALTIMORE CITY				mo	2 50
)	12 t 2 c 2		TH NO.	.70	3552	CERTIFICA	TE OF D		REG. NO	70	3552
12 M	S. S.	(Ту	e or Print) LE	wisg.	DEDD	ER- Sr.		April	2, 1970	1	9:20 A.
3 1	हिं वि व व व	3.	PLACE IN BALTIMORE,	MARYLAND, W	HERE PRONOUNC	CED DEAD	4. USUAL RESI A. STATE	B. COUNTY	eceased lived. If in	nstitution: res	sidence before admission)
N	hose b; (5)	FU HC	LL NAME OF (IF SPITAL OR AD	NOT IN HOSPITA	AL OR INSTITUTION	ON, GIVE STREET	Maryla c. CITY OR TOW	and WN	D. INS	IDE CITY LIA	2610 AITS?
0	ten ten		altimore Cit	-	als		Baltir			YES 🔀	NO 🗌
	- E E E E E E E		940 Eastern				E. STREET AND		ai. Chan	4 03	224
	but ar	-B 5, 5	altimore Ma	ryland	21224	NEVER MARRIED	8. DATE OF BIR	TH 10.	den Stree		224
	occu ontri regu ased	M	ale Wh	ite	WIDOWED	DIVORCED	7-1-39	2 198 last	birthday) 77		1 Yr. If Under 24 Hrs. Days Hours Min.
	or condete	don	usual occupation during most of working to etired meat	e, even if retired)			MANYAL		country) inginia		EN OF WHAT COUNTRY?
	ct ct ct vas	13.	ATHER'S NAME		<u> </u>	· Kudp	1	MAIDEN NAME			
느	ire ire (4) w h	11	illiam Ded				Carol:	ina A			
MPORTAN	e di nd; eath	15, Yes	Vas Decessed Ever in ,no or unknown) (If yes,	U. S. Armed Force give wor or dotes	es? 16.	SPCIAL SECURITY NO.	17. INFORMANT		4940 East	ern Av	ADDRESS enue
R	kin d	N.			<u>~</u> 27	F-03-9152			Baltimore		
9	is agany any ced		18. / YOX	ONDITION DID	- B.C	DAUSE OF DEAT	-			ВЕ	APPROXIMATE INTERVAL
3	Also e of roun atte		DISEASE OR C LEADIN 1This does not mean	G TO DEATH	20 X	A) IMMEDIATE CAL	SEPT	TICIMI	A		1 WEEK.
ä	ctur ctur pron		heart failure, asthenia	, etc. It means	me disease.	DUE TO, OR AS	A CONSEQUENCE	OF:			
DIRECTOR	fra		ANTECE	DENT CAUSES	So.	MENI	Waiti	S			WEEK.
E C	S) A		DISEASES OR CON	DITIONS, il a cause (A)	ny, giving	DUE TO, OR AS	A CONSEQUENC				15.402
PIG	ical ral ns; (3 ician as in ains		UNDERLYING COND	ITION lost.	巨人	8) 017 6	DVCE	314			YEARS
AL	medic medic burn physic an wa	TION	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITIO	II ONDITIONS CON OT RELATED TO TH	TRIBUTING	15 FRAC	TURE	(FZ)	Hip.		2 WEEKS,
FUNER	a m Sody the p sicia	CERTIFICA	194 DATE OF OPERAT	ION 198 CONE	ITION FOR WHI	CH OPERATION		NO IN	OB. IF YES, WERE N CERTIFYING CA	F)NDINGS (USES OF D	CONSIDERED EATH?
5	the call by (2) E ere to ph) efore		21 A. ACCIDENT WAS	UNDERLYING CAUSE OF		CE OF INJURY (e.g., i			(If to Boltimor	e City, give	exoct locotion)
	No No	<	DEATH (notify medical	exominer) /	() etc.)			-			
	atu (6)	MEDIC	OF INJURY	(Day) (Yeor)	White A	URY OCCURRED Not While		OW DID INJURY	OCCUR?		
	rov xce xce and		22. I certify that (I)	(this hospital)	Work	leceased from	3/13/3	019	to t	1121	70 19
	4 da t da		that (i) (we) lost sa			4/2/70	19			nion deoth	accurred an the date
	sed tent of the control of the contr		ond hour and from t	ne gluses state	ed above. (I) (W	(e) (did) (did nat) v	iew the bady a	fter death.			
	must la lease ciden hosp to dec		23A. SIGNATURE	6/1	^-	A440	-di 44	-1 - 0.4	v —	23B, DATE	SIGNED
	a h		23C. PHYSICIAN'S	alem		DEGREE Phys					1 2, 1970
	was I was I A. at prior		23C. PHYS) CIAM'S NAME (Type) ENT	ZIQUE	enstro	MD	BALTIM	10RE C	rn Avenue	Balti	more, Marylan
	キメモのマロ	24A	BURIAL CREMATION		24C. NAME	ef CEMETERY et CRE		24D. LOCA	ATION (Ci	ty, town, or	county) (Stote)
	bod Ws: D.O		Burial	4/5/	170 Rive	erview (eme	teru.	Chanl	ottervil	10 1/2	
	This ce the boo shows: was D. deceas	25A	PR 6 1970	LINDHT. BE	HAVE ON	ISTRAR	John A	L DIRECTOR	7-0 2001	0 8 1	altimore St.
	F 4 47 7 7 7	VS	50-REV. 1/1/68		- Contra		Join 1	· I Practs	one jour	<u>, (, , , , , , , , , , , , , , , , , , </u>	accumore st.



25C. FUNERAL DIRECTOR

Gonce

Baltimore.

4001 Ri

Ritchie

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 7/1/68

258. NAME OF REGISTRAR

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VS 150-REV. 1/1/68

Such

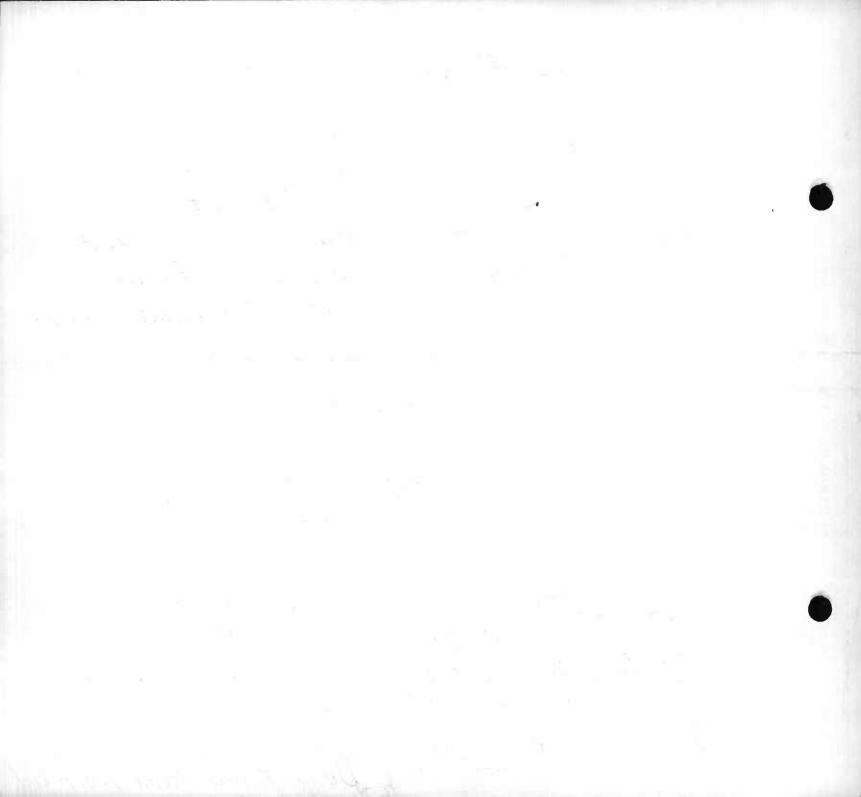
	E CITY HEALTH DEPARTMENT X 70 3554
SIRTH NO.	ICATE OF DEATH REG. NO.
SMITH, ISABELLA S.	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	APRIL 2nd 1970 9.10 A.M.
THE PROPERTY OF THE PROPERTY OF THE PERTY OF	A. STATE B. COUNTY
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE STREIN ADDRESS OR LOCATION)	MARYLAND BAILO.CO. 530
ISTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
UNION MEMORIAL HOSPITAL	BALTIMORE YES NO
44	
SEX 6. RACE 17. MARGINETICS	2014 GREEN GAGE ROAD
SEX 6. RACE 7. MARRIED Y NEVER MARRIED WIDOWED DIVORCE	lost birthdoy) Months! Doys Hours Min-
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY
ne during most of working life, even if refired)	1114
HOUSE WIFE	
WILLIAM MAGRUTHER	14. MOTHER'S MAIDEN NAME
	ISABELLA GOURLAY
Was Decoased Ever in U. S. Armed Forces? s,no of unknown) (If yes, give wer or doles of service) 1 6. SOCIAL SECURITY NO.	17- INFORMANT ADDRESS
	HOWARD S. SMITH SAME AS ABOVE
CAUSE OF I	DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	TE CAUSE
	TE CAUSE OR AS A CONSEQUENCE OF:
injury or complication which caused death.)	0010
ANTECEDENT CAUSES (B) Se	ever belata - plufaenos
DISEASES OR CONDITIONS, if any, giving iso to the abave cause IA) stoting the	OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
ll l	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].	10-20-0-1-10-1-10-1-10-1-10-1-1-1-1-1-1-
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	YES IN CERTIFYING CAUSES OF DEATH?
VE CONTRIBUTING I CAUSE OF Thomas form Jacians also	(e.g., in or obout 21C, WHERE DID (II in Baltimore City, give exect location)
DEATH (notily medical examined etc.)	- vann gar
21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	
(APPROX.) While At Not	t While
22. I certify that (I) (this hospital) ottended the deceased fram.	April 1st 1070 April 2 d 1070
that (1) (we) last saw the deceased alive an APRIL 22	1 moderations
	Terry opinion death occorded on the dale
and haur and fram the causes stated above. (1) (We) (did) (did n	
1 (1 / M.D.	Attending Med, Stoff C
23C. PHYSICIAN'S DEGREE	Phys. Director Phys. MPRIL 2nd. 1976
NAME (Type)	23D. ADDRESS
J. CABRERA V. M.	EGREE UNION MEHORIAL HOSPITAL
A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF	
BURIAL 4-7 -70 LOUDON PAR	K CEM BOLTO MI
DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
APR 6 1970 Med E. Velley M.A.	BURRER FINERALHEMS 3631 FOLL P.



FUNERAL DIRECTOR: IMPORTANT

6 alled Juneral Rome.

	B-65=			BALTIMORE CITY	HEALTH DEPARTMENT		1770	0-50
No.	TH NO.	70	3556	CERTIFICA	TE OF DEATH	REG. NO	70	3556
	Pe or Print)	MARG-A	RETEI	BOVANT	2. DATE AN	D HOUR OF DEATH	1970	C. ST A
3,	PLACE IN BALTI	MORE, MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Il in	stitution; reside	enco belaro odmission)
HC	ILL NAME OF OSPITAL OR STITUTION	ADDRESS OR LOC	(NOITA	TION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMIT	2755
	4251	NAI HO.	SPITAL		E. STREET AND NUMBER	BINA AL	YES X	ио 🗌
5. 5	SEX 6	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Months: Day	fr., If Under 24 Hrs.
104	I I I I OCCUP	A FIGN (Give had at one	WIDOWED	DIVORCED	1 2/23/94	7 -7	Williams Day	's Hours Min.
dan	e during mast of wa	rking life, exen if retired)	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or larei	gn cauntry)	12. CITIZEN	OF WHAT COUNTRY
13.	FATHER'S NAMI	wite			11101		0	14
	Dani	1 To	Aces		14. MOTHER'S MAIDEN NAM	11	1	
15.	Was Decoased E	rer in U. S. Armed Fa f yes, give war or dot	ACCES?	6. SOCIAL	17. INFORMANT	62171	eder	DRESS
(16:	100 mknown)	t yes, give wat or dol	es of services	SECURITY NO.	HARRIE	TBOW		Car
	18. 4/2	2		CAUSE OF DEATH	11/4/6/19	1012014	N/T	PROXIMATE INTERVAL
	DISEASE	OR CONDITION DI	RECTLY		. 100	- 1 0	BETW	EEN ONSET AND DEATH
	(This dges not	ADING TO DEATH mean the mode of	dving. e.g.	(A) IMMEDIATE CAU		erebral	/	8 day
	heori lailure, as	lhenia, etc. II means calion which caused	the disease.	DUE TO, OR AS	CONSEQUENCE OF	Thrombo	tais!	
		TECEDENT CAUSES		150	· IN			
	DISEASES OR	CONDITIONS, il	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:			*************************
	UNDERLYING	obave cause (A)	stating the	(c)				
		П		3 /	4			
9 1	TO THE DEATH	ANT CONDITIONS CO BUT NOT RELATED TO T IDITION GIVEN IN PAR	HE TERMINAL	Hyp	ertension			
RTI	2	PERATION 198 CON WAS PER	FORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No.)	208, IF YES, WERE F	INDINGS CON	ISIDERED 'H?
CAL	21A. ACCIDENT OR CONTRIBUTION DEATH (notify managed)	WAS UNDERLYING C NG CAUSE OF odical exeminer)	21B, P home, etc.)	LACE OF INJURY (o.g., in farm, foctory, street, offi	or about 21 C. WHERE DID ice bidg. INJURY OCCUR?	(If In Baltimore	City, give exa	ct locotion)
MEDI	21 D. TIME (A OF INJURY (APPROX)	Aonth) (Day) (Year)	(Hour) 21 & II While Work	A1 Not While	21 F. HOW DID INJU	RY OCCUR?		
	22. I certify th	at (1) (this hospital	Dattended the	deceased fram	MAR. 22 1	9 70 to M	AR. 30	19.70
- 1		st saw the decease	400		19	t in(my) (aur) apin		
		om the causes sta	red obave.(I)	(We) (did nat) vi	ew the bady after death.			
	23A. SIGN ATURE	1-12	1	/h A Atten	ding - Med - s		23B. DATE SIG	NED
	23C.PHYSICIAN	rullo	rden	DEGREE Phys.	Director L.J P	hys.	3/30	/70
	NAME (Type	R R	OBLES	/ M.D.	3D. ADDRESS.	4000 -0	. / /	
24A.	BURIAL CREMA	TION, 248, DATE	24C. NAA	AE of CEMETERY OF CREA	MATORY 24D. LO	CATION (City	, town, or cou	nty) (State)
25A	DATE REC'D. BY	4-3-7	O MIC	delletown	ChurchCey Mi	delleturn	B2/16	Co hul
	2 407	n albe	Ra Pan M	REGISTRAR	DIRECTOR	- ward 14	A A	Bal L Mag
/2 1	160-081/ 1/1/69	THE PROPERTY.	7	V-	Novage 1-	21/18/21 110	1111	V 21 TO VACI



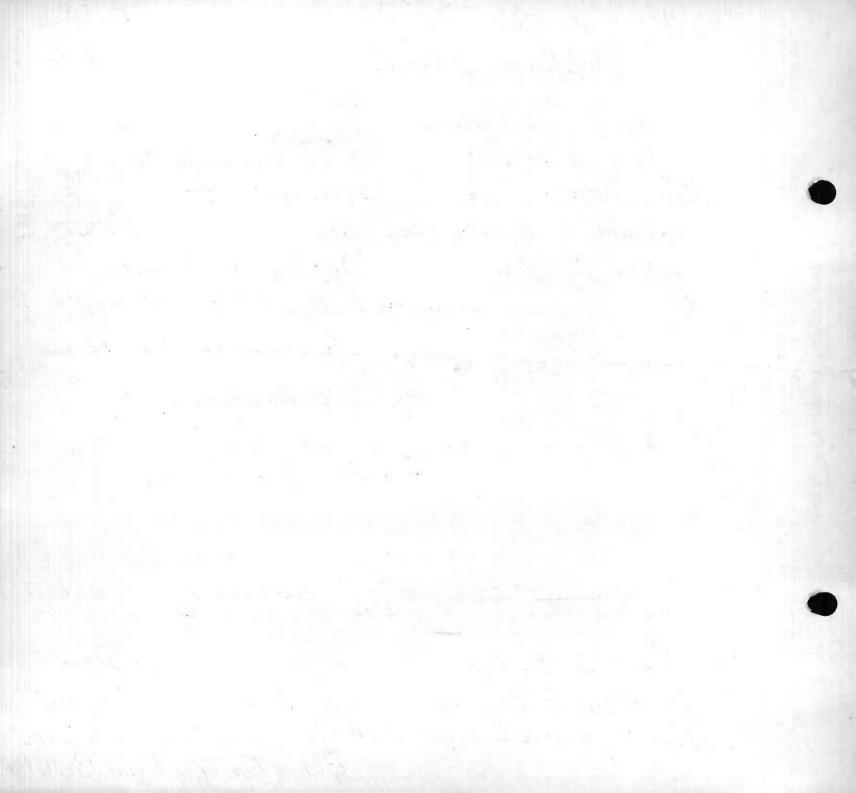
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death), and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in IMPORTANT FUNERAL DIRECTOR:

	IKIH NO.	70 35	Land Jugal	HEALTH DEPARTMENT	REG. NO	70 3557.
	NAME OF DECEASED Type or Print Elizabet	th Anne Ma	athews	2. DATE	and hour of DEAT oril 3, 1970	H 12:15 A.
3	PLACE IN BALTIMORE MARYLA	WHO, WHERE PRO	NOUNCED DEAD		here deceased lived. If	institution: rasidence belara admission
H	FULL NAME OF (IF NOT IN ADDRESS O	HOSPITAL OR IN R LOCATIONI	STITUTION, GIVE STREET	Md c. CITY OR JOWN Balto		ISIDE CITY LIMITS? 48
-	37 Mercy Ho	*		E. STREET AND NUMBER 1419 Medfiel		YES X NO
1	F 6. RACE	7- MARRI WIDOW		8. DATE OF BIRTH 7-14-37	9. AGE (In years last birthday)	If Under 1 Yr. II Under 24 Hrs. Manths Days Haurs Min.
10	DA, USUAL OCCUPATION (Give kind one during most all warking life, even if it	of work 108, KIND		11. BIRTHPLACE (State or fo	preign country!	12. CITIZEN OF WHAT COUNTRY?
13	Tupist		SUPBLICE	Ball.imore	16.3	USA
13	FATHER'S NAME		50x Gr. E	14. MOTHER'S MAIDEN N		0 371
	Joseph Mitchel	1		Evelyn O'C	onnor	
1113	. Was Deceased Ever in U. S. Am es,no ar unknown) (II yes, giva wor	ned Farces? or dates of servic	e) SECURITY NO.	17. INFORMANT		ADDRESS
	118.		216 34 8356 CAUSE OF DEATH	JOHN MATHEW	S 1419 M	Edfield AUENIUS.
CERTIFICATION	heart failure, asthenia, etc. It injury or camplication which a ANTECEDENT CA DISEASES OR CONDITIONS rise to the abave couse UNDERLYING CONDITION to THER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN	caused deoth.) AUSES i, if any, givi IA) stoting to ist. IS CONTRIBUTIN D TO THE TERMIN	(B)	A CONSEQUENCE OF: A CONSEQUENCE OF:	d læwig aple	oten) 10 days -
RTIFIC	MAR-24-70	ternal Can	r WHICH OPERATION	20A. AUTOPSY? (Yes at)		FINDINGS CONSIDERED AUSES OF DEATH?
11	OR COMPRISION TO A	ING	TIR PLACE OF INJURY (e.g., in nome, form, factory, street, off stc.)	or about 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If In Boltime	ore City, give exact location)
MEDICAL	21D. TIME (Month) (Day) OF INJURY (APPROX.)		TE INJURY OCCURRED While At Work At Work	21 F. HOW DID IN	JURY OCCUR?	
	22. I certify that (1) (this ho	spital) attended	the deceased from M	An-20-	19 70 to 64	Het - AP-3 - 1970
	that (I) (we) lost sow the de	ceased alive or	Apric.	2 1970 ond t	hat In (my) (aur) op	Inlan death accurred on the date
	23A. SIGNATURE 23C. PHYSICIAM'S NAME (Type)	ellin	Athen Phys.	ding Med. Director 3D. ADDRESS	Shoff Phys.	april-3-70
24/	A. BURIAL CREMATION, 24B, DA	TE 24C.	NAME of CEMETERY OF CREA	MATORY 124D.	LOCATION (C	CITY town, or county (State)
25/	REMOVAL (Specify) BURINI 4- A. DATE REC'D BY HEALTH DEPE	6-70 L	AKEVIEW MEMO	25C. FUNERAL DIRECTO	ARROLL COU	My Md ADDRESS
VS	APR 6 19/0 6	Sept and Ass	and they	1. BURGEE FG	INERAL UHDA	ME 36BY FALLS ROACH



VS 150-REV. 1/1/68

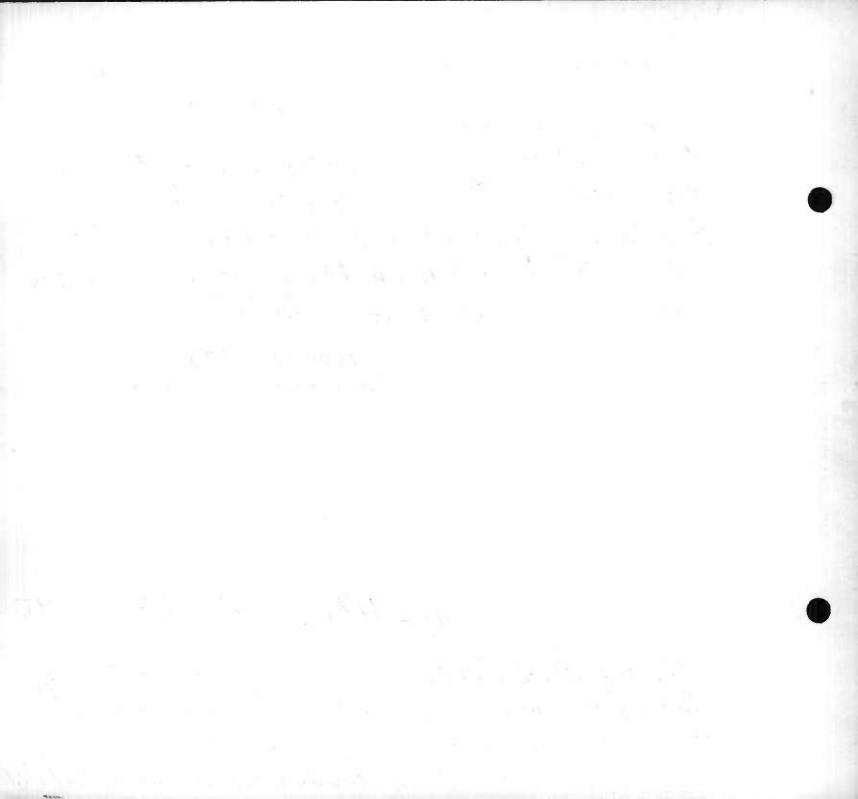
BALTIMORE CITY HEALTH DEPARTMENT



IMPORTAN

DIRECTOR:

FUNERAL

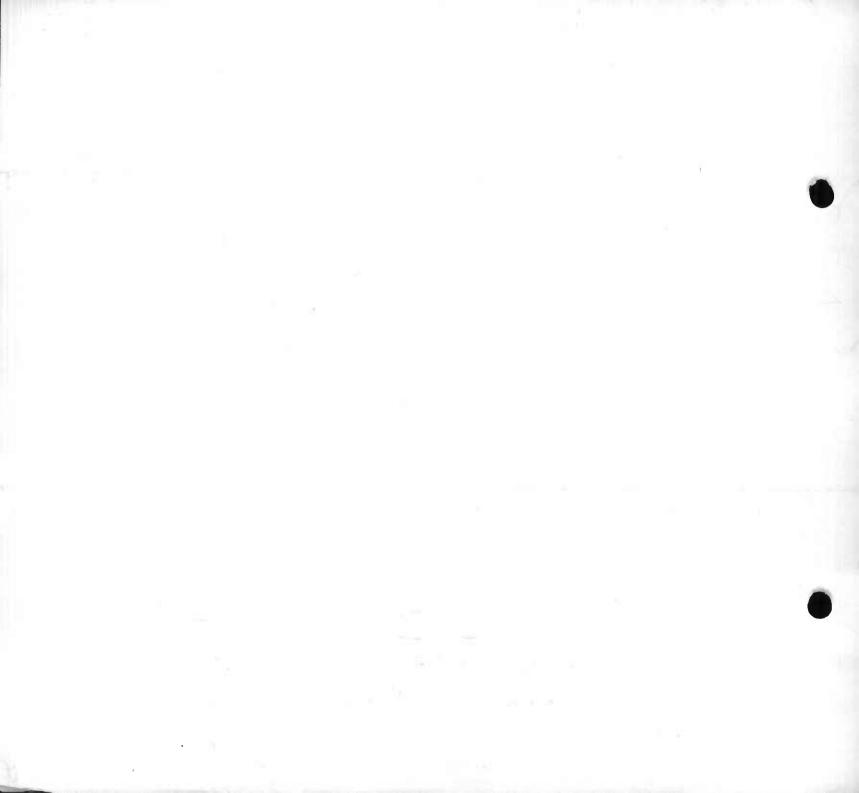


VS 150-REV. 1/1/68



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was 0.0.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, Such written and must he obtained before the camping are embalmed or find disposition is and at the deceased prior to death. Such	- South and the second

THAT OF DEEXED TO THE STATEMENT OF DEEXED TO THE STATEMENT OF THE STATEM	L	-200	70	3561		Y HEALTH DEPARTME		. No	70	3561	
A STACE IN BALTIMORE MARRIAND, WHERE PRONOUNCED BEAD A STACE IN SALTIMORE MARRIAND, WHERE PRONOUNCED BEAD A STACE SCOUNCE STACE STATES ADDRESS OF LIGHT INSUBILITION CONTINUES ADDRESS OF LOCATION, CYC STREET ACTIVITY AND INSUBER STATES AND INSUBER STAND INSURE STAND INSUBER STAND	1. N	AME OF DECEASED)15 100	De Hele	n		The second secon	DEATH			
A. STATE R. COUNTY D. INSIDE CITY LIMITS D. O. INSIDE CITY LIMITS	-					NA USUAL PSSIGNA	4-4-70		1 .	м.	
S. SER N. RACE MARRIED NEVER MARRIED S. DATE OF BIRTH S. ARCE N. STATE Machine N. Under 1 Nr. Under 1 Nr. Under 1 Nr. Under 1 Nr. Unde	FU HC IN:	LL NAME OF STITUTION BON SECO	NOT IN HOSPITA DRESS OR LOCA UIZS H AYETTE	ITZNI RO JA	TUTION, GIVE STREET	MARY L C. CITY OR TOWN BALT E. STREET AND NUM	MORE	D. INSIDE CITYES	Y LIMITS?	005	
Indicated Indi						338	. Imall u	1009 2	t.		
CAUSE OF DEATH SECURITY NO. NO NO NO NO NO NO NO		FI		WIDOWED	DIVORCED	8-24-1	5 last birthday)	54 Mon	nder 1 Yr. ths Days	If Under 24 Hrs. Hours Min.	
HOUSEWIFE At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Way Deceased Twe In U. I. A mand Footh? 15. Way Deceased Twe In U. I. A mand Footh? 15. Way Deceased Twe In U. I. A mand Footh? 16. SOCIAL 17. INFORMANT ADDRESS Scame 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen like mode of dying, e.g., head footh, and follow, attending, etc.) Immorrance the director, injury or complication which caused doors, injury or course the director, injury or course the director of the doors, injury or course the d	tOA	USUAL OCCUPATION	(Give kind at work	10B, KIND O	F BUSINESS OR INDUSTR	T 11. BIRTHPLACE (State	or fareign country!	12.0	CITIZEN O	FWHAT COUNTRY?	
13. ATTHER'S NAME	Guii				At. Home	md			45	A	
15. Wes Decessed Even in U. S. Armsed Foreka? Interpretation of unknown of the property of th	13.	FATHER'S NAME			110 110/110	14. MOTHER'S MAID	EN NAME			•	
15. Was Decessed Even in U. S. Armset Fricket's circle in Center of Order Approximate Interview of Manney III yes, give wer or desembled service) NO 10. CAUSE OF DEATH CAUSE OF DEATH (This does not meen the mode of dying, e.g., head foliule, astherina, etc., Il means the disease, injury or camplication which caused death, and the cause (A) Interview or the cause of the ca	1	Sa. dl	14.	A 673		1101 5	. L.				
CAUSE OF DEATH SAMPS W. Lowis Same S	15.	Was Deceased Ever in	U. S. Armed Fore	130m	1 6. SOCIAL	THERE -	nu!		400	Dece	
18	(Tes	, no ar unknown! (If yes,	give war ar dates	Not service)		IIII ORMANI			ADD	REDD	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., head foilure, estheric, etc. II meens the disease, injury or complication which caused death.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) steding like UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANI CONDITION SONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (VEN IN PART I (A).) DISEASE OR CONDITION (VEN IN PART I (A).) OTHER SIGNIFICANI CONDITION POR WHICH OPERATION WAS PERRORMED THY POWN AS PER		77.				1	wis		Same		
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Comparison Com		LEADING TO DEATH									
injury of complication which caused death.] ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES OF CONDITIONS, if any, giving rise to the above cause (A) stoling line UNDERLYTING CONDITIONS, if any, giving rise to the above cause (A) stoling line UNDERLYTING CONDITION Idea. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE ON CONDITION OF FRATION 1914. DATE OF OFFRATION 1914. DATE OFFRATION 1914.		(This does not meen the made of dying, e.g.,								-00/13	
UNDERLYING CONDITION lost. (c) ALCUMY SEASE UNDERLYING CONDITION lost. (c) ALCUMY SEASE (d) ALCUMY SEASE (e) ALCUMY SEASE (f) ALCUMY SEASE (g) ALCUMY		injury or camplication which caused death.)									
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF THE TERMINAL DISEASE OR CONDITION FART (A). 20A. AUTOPST? (Tes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING (21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID home, form, foctory, street, olfice bldg., INJURY OCCUR? DEATH (nosify medical exomined) 21D. TIME (Monih) (Day) (Year) (Hour) (APPROX.) 21D. TIME (Monih) (Day) (Year) (Hour) While AI Not While (A) Work 22L I certify that (I) (this hospital) attended the deceased from		UNDERLYING CONDITION last.									
19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPST? (Tes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH? 10A. AUTOPST? (Tes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH? 10A. AUTOPST? (Tes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 10A. AUTOPST? (Tes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 10A. AUTOPST? (Tes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 10A. AUTOPST? (Tes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 10A. AUTOPST? (Tes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 10A. AUTOPST? (Tes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 10A. AUTOPST? (Tes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 10A. AUTOPST? (Tes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 10A. AUTOPST? (Tes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 10A. AUTOPST? (Tes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 10A. AUTOPST? (Tes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 10B. AUTOPST? (Tes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 10B. AUTOPST? (Tes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 10B. AUTOPST? (Tes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 10B. AUTOPST? (Tes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 10B. AUTOPST? (Tes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 10B. AUTOPST? (It is no could be autopst) 20B. IF YES, WERE FINDINGS CONSIDERED 10B. AUTOPST? (It is no could be autopst. 10B.		UNDERLYING CONI	DITION last.		(c)	0///2 (3	JEN RE				
19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPST? (Tes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH? 19	ATION	TO THE DEATH BUT N	OT RELATED TO TH	F TERMINAL	*******************		***************				
21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CAUSE		19A. DATE OF OPERAT	ION 198 CONE	TON FOR	[· · · · · · · · · · · · · · · · · · ·		or No. 208. IF YE	S, WERE FINDIN	GS CONS	IDERED	
21D.TIME (Month) (Day) (Year) (Haud 21E. INJURT OCCURRED While Al Work Not While Not W	CALC	OR CONTRIBUTING	UNDERLYING CAUSE OF	218 hon	PLACE OF INJURY (e.g.,	in or about 21C. WHERE	DID (IF I	n Baltimare City,	give exact	locotion)	
22. I certify that (**) (this hospital) attended the deceased fram	MEDI	OF INJURY	(Day) (Year)	Wh	nile At C Not Whi	le 🖂	ID INJURT OCCUR	?			
that (1) (we) last saw the deceased allve an		22. I certify that	(this hospital)			5-26	10 70 -	Cr · (r		10 7 0	
23A. SIGNATURE ABOUT BLEW DEGREE Attending Med. Director Phys. 4.4.70 23C. PHTSICIAN'S NAME (Type) C. KERR MB CLB BONSECOURS PHYS. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORT Purial 24C. NAME of CEMETERY OF CREMATORT DOTS GY, Md. 25A. DATE REC'D BY HEALTH DEFT. 22B. NAME OF ARECUSEAR 25C. FUNERAL DIRECTOR ADDRESS		that (I) (we) last sa	w the deceased	l alive an	4.4.70		and that in(my) (·	:urred an the date	
23A. SIGNATURE ABOUT BLEW MBOURD Attending Med. Shaft Attending Hype, Attending Phys. 23C. PHTSICIAN'S NAME (Type) C. KERR MB CLB BONSECOUR NOOP BACTO # 2 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 24C. NAME of CEMETERY of CREMATORT 24D. LOCATION (City, town, or county) Meadowridge 25A. DATE REC'D BY HEALTH DEPT. 22B. NAME OF RECIVEAR 25C. FUNERAL DIRECTOR ADDRESS											
23C. PHTSICIAN'S NAME (Type) C. KERR MB CLB BONSECOUR NOOF BACTO # 2 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 4870 Meadowridge 25A. DATE REC'D BY HEALTH DEPT. 22B. NAME OF RECIVEAR 25C. FUNERAL DIRECTOR ADDRESS DIRECTOR PHYSICAL PROPERTY. 23D. ADDRESS 24D. LOCATION (City, town, or county) (Stoke Dorsey, Md.)		23A. SIGNATURE Jan	i lok	e od	NBCLB AH	ending Med.	□ SHH				
Burial 4870 Meadowridge Dorsey, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS		NAME (Type)	C. KE	RR	MB CLB		UPS H	51P.	BALT	0#3	
Burial 4870 Meadowridge Dorsey, Md. 25A. DATE REC'D BY HEALTH DEFT. — 228. NAME OF KISTERAK 2SC. FUNERAL DIRECTOR ADDRESS	24A	BURIAL CREMATION	24B. DATE	24C. N	AME of CEMETERY OF CR	EMATORT	24D. LOCATION	(City, tow	n, or count	tyl (Stote)	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISSRAR 25C. FUNERAL DIRECTOR ADDRESS			4870		Meadowridge		Dorsey.	Md.			
APR 6 HIU LAGE E. VELOCO AVE	25A		TH DEPT.	E HAM	OF MEDISTRAR	2SC. FUNERAL DIR					



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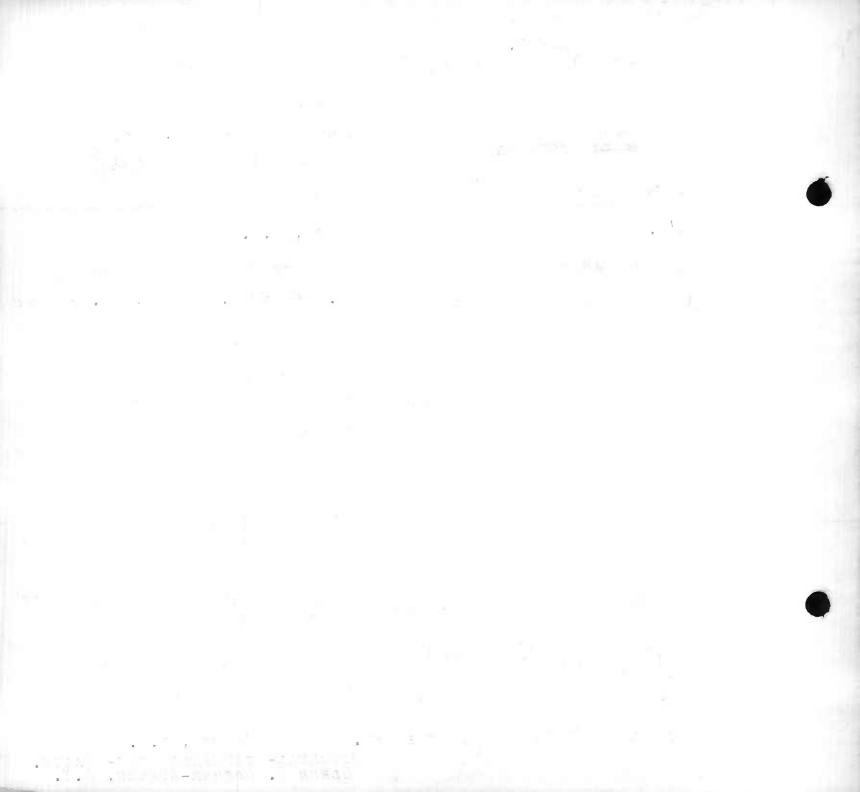
C-414 70 3562 BALT	IMORE CITY HEALTH DEPARTMENT		
MEDICAL EXAM	MINER'S CERTIFICATE O	F DEATH REG. NO. 70	2562
I. NAME OF DECEASED	2. DATE Known	1,10	3,000
(Type or Print) AUDREY CLIFFORD	OF	Month Day Year	Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	II DEAIII	March 30, 197	0 1:45p
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GI			11001
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (W	March 30 1970 ere deceased lived. If Institution: residence	1:45 p
719 Comquel Assa D O A	IIA, SIAIE	B. COUNTY	2116
718 Gorsuch Ave. D.O.A. 6. SEX 7. RACE B. MARRIED THE		D. INSIDE CITY LIMITS	700
	TEX MIARKIED		
	DIVORCED Balto.	YES Z	NO L
On- OC 1010 last birthday) Manths ; Day	ys Hours Min.		
11. BIRTHPLACE (State or loreign country) 12. CITIZEN	718 Gorsu	ch Ave.	
- WILLY	CUNTRY?	~	
BALTO., MARYLAND 14A-USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINE	VSA NICHODEM	US GRIMES	
done during most of working life, even if relired)			
HOMEMA KER 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. Sc	MARGARET		
(Yes, na or unknown) (If yes, give war or dates of service)	CIAL INFORMANT	ADDRESS	
NO 216		ON CLIFFORD S	AME
"E955XI	CAUSE OF DEATH		APPROXIMATE INTERVAL WEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH	(A) IMMEDIATE CAUSE Gunshot	yound of the chest	
(This does not mean the made of dying, e.g., heart lailure, asthenia, etc. it means the disease, injury or complication which coused death.)	DUE TO, OR AS A CONSEQUENCE OF:		
injury or complication which coused deoth.)			
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR AS A CONSEQUENCE OF:		
UNDERLYING CONDITION LAST	(c)		
P 11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A).			
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH	OPERATION WAS PERFORMED	21. AUT	OPSY? (Yes or No)
_			YES
22A. EXTERNAL CAUSE WAS 22B. PLACE home, larm, f	OF INJURY (e.g., In ar about 22C, WHERE DII factory, street, office bldg., etc.) INJURY OCCUR	(If in Boltimore City, give exact location)	g n E
UTING CAUSE OF DEATH.			
OF INCLUDE	JRY OCCURRED 22F. HOW DID	NJURY OCCUR?	or bedroom
(APPROX.) 3 30 70 1 m. WHILE AT		5 1 51 1 - 1 1 1 - 1	
	Sel-	E inflicted gunshot w	1 6
23.			
23.	ection 🖾 Autopsy 🗌 and that an	this basis, death in my opinion	
23.		this basis, death in my opinion (
23. I certify that I held on Inquiry insper		Undetermined manner	chest
23. I certify that I held an Inquiry Insperies Insperie	Suicide XX Hamicide CHIEF MEDICA	Undetermined manner	
23. I certify that I held on Inquiry insper	Suicide XX Hamicide CHIEF MEDICAL M.D. ASSISTANT MEDICAL	Undetermined manner LEXAMINER LEXAMINER LEXAMINER	chest
23. I certify that I held on Inquiry insperent insperen	M.D. ASSISTANT MEDICA ASSOCIATE MEDICA	Undetermined manner LEXAMINER LEXAMINER LEXAMINER LEXAMINER LEXAMINER	chest
23. I certify that I held on Inquiry insperence in the insperence	M.D. Deputy Chief Medical	Undetermined manner LEXAMINER LEXAMINER LEXAMINER LEXAMINER LEXAMINER	DATE SIGNED
23. I certify that I held on Inquiry insperence in the insperence	M.D. Deputy Chief Medic	Undetermined manner LEXAMINER LEXAMINER LEXAMINER LEXAMINER Cal Examiner 3/	DATE SIGNED
23. I certify that I held on Inquiry insperence in section in the insperence in section in the insperence in section in section. ACTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME (Specific Section in sectio	M.D. Deputy Chief Medical Medi	Undetermined manner L EXAMINER L EXAMINER L EXAMINER L EXAMINER Cal Examiner 3/ C. LOCATION (City, town, or county) BALTO.	DATE SIGNED (31/70) (Stote)

MITCHELL-WIEDEFELD HOME 6500 YORK RD. BALTO.MD.

Ser. 28. 1916 BALLEO. , BARYERED 216-91-9549 Me. Comon Carrenas HEW CAPHIDHAE GER. BELTO. CONTRACTOR CLASSER LONG COLONIA York Za. Marro. R.

FUNERAL DIRECTOR: IMPORTANT

2	197 7	0 000	BALTIMORE CITY	HEALTH DEPARTMENT	V	MO 0=00
BIRTH N		3563	CERTIFICA BRIGHT	TE OF DEATH	REG. NO	70 3563
(Type or	Print)	1 1 0	DRIVAT	2. DATE AN	D HOUR OF DEATH	-50
3. PLAC	E IN BALTIMORE MA	ARYLAND, WHERE PROP	20C1 G H 1	3 -	28-70	112 03 PM
	711	WHERE PROP	TOURCED DEAD	A. STATE B. COUN	ITY Ballo	nstitution: residence before admission)
FULL N HOSPITA	AL UK ADDRE	T IN HOSPITAL OR INS	TITUTION, GIVE STREET	C, CITY OR TOWN	401)	SIDE CITY LIMITS?
	SINAI			BOLTIMOS		YES X NO
40	STATE OF THE PARTY	HOSPITAL		E. STREET AND NUMBER	SINDU	
5. SEX	6. RACE	7. MARRIE	D NEVER MARRIED		9. AGE (In years	
leu	uale wi	~1 te widowi	DIVORCED	4/14/06	lost birthdoyl	Manths Doys Hours Min.
done duri	ng most of working life, e	ve kind at work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stole or farei	gn country)	12. CITIZEN OF WHAT COUNTRY
	Y.	Bui	LDERS	FULTON, N.Y		USA
13. FATH	ER'S NAME			14. MOTHER'S MAIDEN NAM		
F	RANK CRA.	HAN		NELLIE M	EAR.	
5. Wes I	Deceased Ever In U. S	Armed Forces? was as dates as service	16. SOCIAL	17. INFORMANT		ADDRESS
N			514-05-4504	MR. ALBERT	H. BRIG	HT, JR SAME
18.	42.4 1		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CON LEADING	DITION DIRECTLY		01	0. (
(This		e made of dying, e.	(A) IMMEDIATE CAU	se Chreme	Osstruc	tue YEARS
hear	t lailute, asthenia, et	c. Il means the diseas	e, DUE TO, OR AS	CONSEQUENCE OF:	ug des	ease
injui	y or camplication wh			1	,	
DISE			(B) Afero	escle vote (A CONSEQUENCE OF:	andiova	scala YEARS
rise	la the above of DERLYING CONDITION	NONS, it ony, giving the course (A) stating the DN last.	10	Chronic L	de lease	X
-	11		(C)			
OTHE	ER SIGNIFICANT COND	I DITIONS CONTRIBUTING	3			
= 110 H	HE DEATH BUT NOT R	ELATED TO THE TERMINA	L	***********************	******************	***************************************
194.1	DATE OF OPERATION	198 CONDITION FOR	WHICH OPERATION	20A-AUTOPSY? (Yes of No.	20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
U 21A.	ACCIDENT WAS UNI	DERLYING 2 USE OF h	IR PLACE OF INJURY (e.g., in pme, farm, factory, street, aff	or obout 21 C. WHERE DID	(If In Baltiman	re City, give exact lacation)
O	H (natify medical exa		(6)			
	AJURY		E INJURY OCCURRED	21 F. HOW DID INJE	JRY OCCUR?	
(APP)	ROX.)		Vhile AI Not While			-
22. 1	certify that (1) (thi	is hospital) attended	the deceased from	2-28 1	9 70 to	3-28 19 70
		ne deceased alive on		and the same		nion death occurred an the date
and	haur and from the c	auses stated above.	(I) (We) (did) (did nat) vi	ew the body after death.		
23A. S	IGNATURE		Α. Λ			23 B, DATE SIGNED
	Du	auch		ding Med.	Shaff Phys.	3/28/70
23C.	HYSICIAN'S NAME (Typel		DEGREE Phys.	3D. ADORESS	Phys.	1-100/10
1	(2xt/4GN)	NO(20)	ri MD	Juni	Hospit	of of Balo
4A. BUR	IAL CREMATION, 24	B. DATE 124C.	NAME OF CEMETERY OF CRE	MATORY 1240 10	CATION (Ci	ty town as county (See
	URIAL Specifyl			Line		ty, town, or county] (Stote)
	E REC'D BY HEALTH		FORT HILL CI	EM.	AUBURN,	
000	C 4070 G	0000 300	22 8	MITHEREUN	IEDEFELD	HOME - BALTO.
ALL H	D 19/10	THE E VENE	4 74.34	GLENN F.	Mosher-A	UBURN, N.Y.



RD.

BALTO.

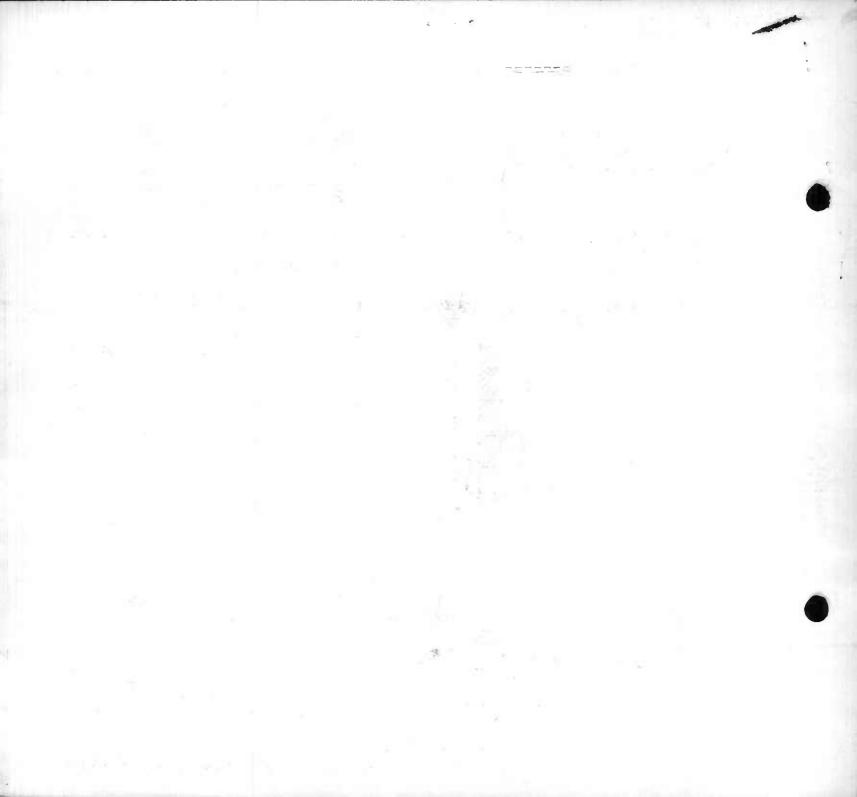
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BALTIMORE CITY HEALTH DEPARTMENT

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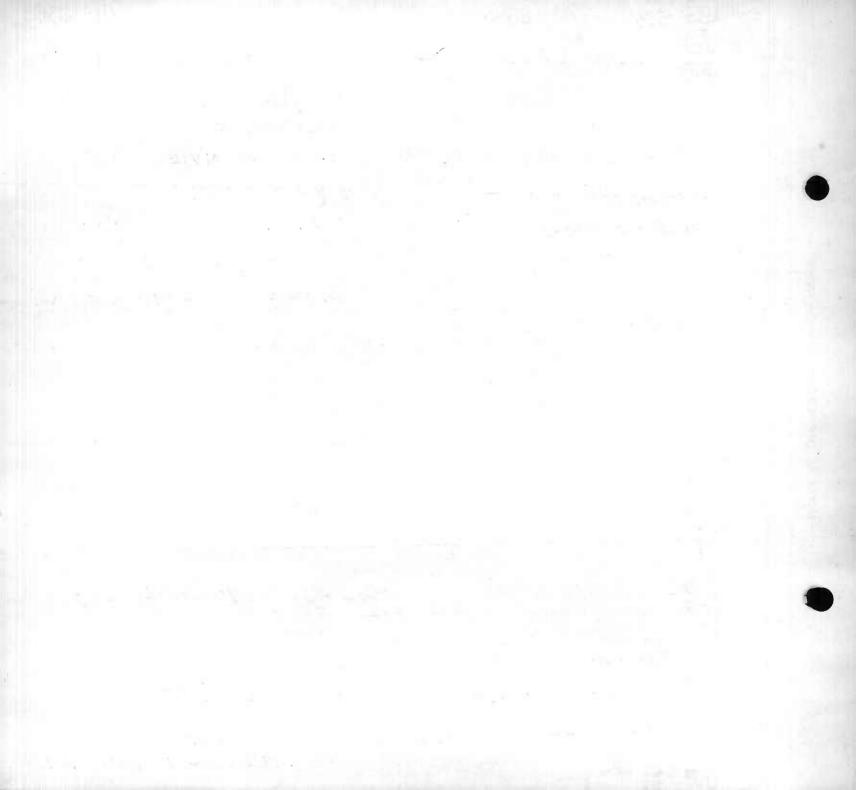


. The second of 1228 I have AND THE CORPORATION OF THE STREET, AND ADDRESS O Lean with the state of the stat

	EALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 70	3567
I. NAME OF DECEASED (Type or Print) DENIAMENT IN IN INC.	2. DATE Knawn Month Day	Year Hour
BENJAMIN H. KAISS 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted L	Α.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD March 31,1970	Year Hour 9:00 P.
1720 St. Paul Street, Apt. 310	S. USUAL RESIDENCE (Where deceased lived. If institution: resine A. STATE Maryland B. COUNTY	dence before admission)
6. SEX 7. RACE B. MARRIED NEVER MARRIED White	C. CITY OR TOWN D. INSIDE CITY LI	MITS?
WIDOWED LX DIVORCED	TES &	No 🗆
June 8, 1888 Joseph Months Doys Hours Min.	1720 St. Paul Street, Apt. 310	0
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	John Ernst Kaiss	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' done during most of working lile, even if relired) Auto salesman-netired Auto dealership	Y 15. MOTHER'S MAIDEN NAME Kohler	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (if yes, give war or dotes of service) Yes, no or unknown) (if yes, give war or dotes of service) Yes	Family records U.S. Navy K	ss Rocerds
19. CAUSE OF DEA	TH TOMOGRAPHIS	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Arterios	sclerotic Cardiovascular Disease	BETWEEN ONSET AND DEAT
(A) IMMEDIATE C	CAUSE AS A CONSEQUENCE OF:	***
UNDERLYING CONDITION LÁST. (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	AS A CONSEQUENCE OF:	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
O CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21.	AUTOPSY? (Yes or No)
STADERETHAGE ON COLATRIB.	in or chaut 22C WHERE DID (II . B.b	10 ption)
OF INJURY (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED.	WHILE ORK	
1 certify that I held an Inquiry Inspection Autorised Fram: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or co	ounty) (Stote)
Burial 4/3/70 Druid Ridge (. Md.
APR 6 1970 Liber & Santa OF REGISTRAR	John Burns Sons Towso	on Md.
VS 151-REV. 3/1/68	1 4 4 5	

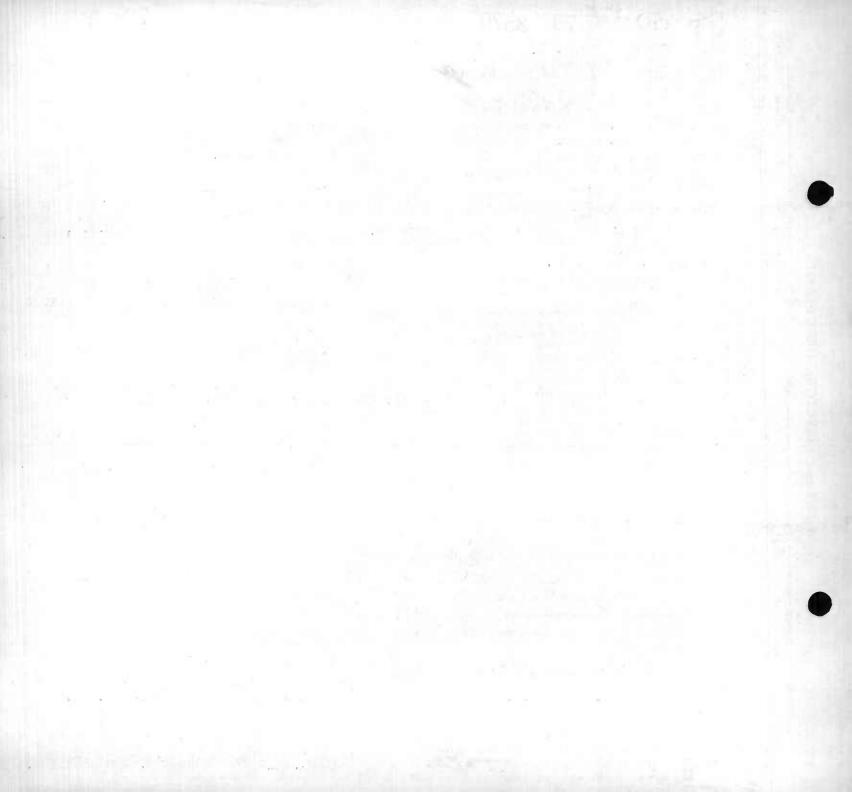
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CHARGON WILL DO The second contract of the second of the second of

56-5	58-83 ds	Pula			BALTIMORE CITY	HEALTH DEPARTMENT	T	17/0 a=	MO
-	70 G 7	BIRTH NO.	70	3570	CERTIFICA	TE OF DEATH	REG. NO	70 35	/U
	Suc	1. NAME OF DEC	Henry J	Ruppel	e l	2. DATE	AND HOUR OF DEATH	, 64.	5 D
	Dece on the	3. PLACE IN BAL	TIMORE, MARYLAND, V	0 - 10 1-		4. USUAL RESIDENCE (Where deceased lived. If	institution: residence	before odmission)
	2 0 0	FULL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTITU	TION, GIVE STREET	Maryland	Baltimore (3 5	3.00
	cause cause ise; (5 endan to de	HOSPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	¥_
	0 5 5 -		tern Avenue	dT2		Dundalk E. STREET AND NUMBE		YES N	10 📉
7	d cau		e, Maryland	21222		7310 School			
1	ade la de	5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.	If Under 24 Hrs.
	mine gula sed mad	Male	White	WIDOWED		11-1-19	lost birthday)	Months Doys	Hours i Min.
contri	ed is			k 10B. KIND OF		11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF V	WHAT COUNTRY?
. 71	dec	Tool Des		Martin	Marietta Co.	-		U.S.	Α.
irect (4) Uh wan the dispos	13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME				
	-	Ruppel, Sr.			Agnes Salah	Tiligil			
e d e at	0	(Yes, no or unknown	Ever in U. S. Armed Fo	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	4940 Easte	ern Avenue	SS
if the di ny kind; ed death	fin	Yes	W II		212-01-5640 CAUSE OF DEAT	BCH: Record	s Baltimore,		21224
cal examiner or his assistant al examiner. Also, if the dir s; (3) A fracture of any kind; cian who pronounced death is in regular attendance on ins are embalmed or final dis		(This daes in heart failure, injury ar can DISEASES (rise la th	SE OR CONDITION DI LEADING TO DEATH not meon the made at asthenia, etc. It means replication which couses ANTECEDENT CAUSES OR CONDITIONS, if e obave cause (A) G CONDITION lost.	dying, e.g., s the disease, d death.)	o chr	ONIC rena	mı ul failur	^Q	
must be approved by the chief medical eleased to the hospital by a medical ecident of any nature; (2) Body burns; (3) hospital (except where the physician to death); and (6) No physician was in must be obtained before the remains	TO THE DEA	FICANT CONDITIONS CO	THE TERMINAL		ASCI	VD			
	A DISEASE OR	F OPERATION 198 CON WAS PER		HICH OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING O	FINDINGS CONSID	DERED	
		OR CONTRIB	NT WAS UNDERLYING [UTING [CAUSE OF y medical exominer)	21 B. home etc.)	PLACE OF INJURY (e.g., i e, farm, foctory, street, o	n or obout 21C. WHERE DI	D (If In Boltime	ore City, give exoct lo-	cotion)
		21 D. TIME OF INJURY (APPROX)	(Month) (Doy) (Yeot)		INJURY OCCURRED		INJURY OCCUR?		
		that (I) we)	last saw the deceas	ed alive an	e deceosed from	19 70 on	d that in(my) your) or	Inion death accur	19 70 ,
		ond hour an		A)		lew the bady after dea	Shoff	23B. DATE SIGNE	7-
CC.	approval	23C.PHYSICAL NAME (1) Lyr	ANS Type To Neefe	M.D.	MD DEGREE Phy	Director L 23D. ADDRESS Clo Balto.	City Host	4940 East	/O tern Ave. d. 21224
N (A D D	24A. BURIAL CRE	MATION, 248. DATE	V	ME of CEMETERY OF CR		D. LOCATION	Cily, town, or county)	
	-	REMOVAL	(Specify)						
Sod / Se (Burial	4-6-70	O Ga:	rdens of Fait		Baltimore, M		
This ceri	shows: (1) was D.O. deceased written a		BY HEALTH DEPT	O Ga:	rdens of Fait	25C. FUNERAL DIREC		AOD	k, Md.



FUNERAL

VS 150-REV: 1/1/68

20 EQ 100 g 100

Letter from M.E.'s office 5-25-70 M.H.

NAME OF (Type or Print)	GEOR	GE T.	OBERLANDER	March	31, 1970	
FULL NAM HOSPITAL (OR oddress or location	or institution,	give street	A. STATE B. COUN Maryland C. CITY OR TOWN (If our Baltimore	ITY tside city limits, write	nstitution: residence before admission of the state of th
31	Baltimore Ci	ty Hosp	ital	D. STREET ADDRESS (IF 3810 Huds	rurol, give locotion)	
sex Male	6. RACE White	7. MARRIED WIDOWS	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH Jan. 23, 1921	9. AGE (In years lost birthday) 19	If Under 1 Yr. II Under 24 H Months Doys Hours Min.
	of working life, even if retired)		Standard Oil	11. BIRTHPLACE (Store or fore Baltimore	gn country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S	Phillip O	berland	er	14. MOTHER'S MAIDEN NAME MARY San		
Yes	sed Ever in U. S. Armed For own) (If yes, give wor or dote 8-11-42 5-	s of service)	218-07-6503	Mrs. Anna Ober	lander 381	ADDRESS LO Hudson Street
18. 19	5.9		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
	EASE OR CONDITION DIE LEADING TO DEATH			neralized carcin	omatosiss	3 months
(This doe heart foild injury or DISEASES rise to UNDERLY		dying, e.g., the diseose, deoth.)	DUE TO (B) Car DUE TO	neralized carcin		3 months l year
OTHER SISTON THE DISEASE TO THE DISE	LEADING TO DEATH s not meon the made of re, osthenia, etc. It meons complication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove cause (A) ING CONDITION last. II GNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING 1 OF OPERATION 198. CON WAS PERI	dying, e.g., the discose, deoth.) ony, giving stoling the ONTRIBUTIN TED TO TH T. DITION FOR FORMED	DUE TO (B) Can DUE TO (C) G HE WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	l year
OTHER SITO THE DISEASE 19 A. DATE OF CONTROL	LEADING TO DEATH s nol meon the made of re, osthenia, etc. Il meons complication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove cause (A) ING CONDITION last, III GNIFICANT CONDITIONS CO DEATH BUT NOT RELA OR CONDITION CAUSING I OF OPERATION 198 CON	dying, e.g., the disease deoth.) ony, giving stoling the ONTRIBUTIN TED TO TH T. DITION FOR CORMED	Car (B) Car DUE TO (C) G HE WHICH OPERATION A PLACE OF INJURY (e.g., ir ne, lorm, loctory, street, of	ncer of neck	20B. IF YES, WERE	l year
OTHER SI TO THE DISEASE 19A. DATE DATE DATE DISEASE 19A. DATE DATE DATE DATE DATE DATE DATE DATE	LEADING TO DEATH s not meen the made of re, osthenia, etc. It meens complication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove cause (A) ING CONDITION last. II GNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING 1 OF OPERATION 19B. CON WAS PERI DENT WAS UNDERLYING RIBUTING CAUSE OF oitly medical examiner)	dying, e.g., the disease, deoth.) ony, giving stoling the ONTRIBUTIN TED TO TH T. DITION FOR FORMED (Hour) 21E	G B Car (B) Car DUE TO (C) G HE WHICH OPERATION A PLACE OF INJURY (e.g., in ne, lorm, loctory, street, of location) INJURY OCCURRED wile At Not While	20A. AUTOPSY? (Yes or No fice bidg., INJURY OCCUR?	O) 20B. IF YES, WERE IN CERTIFYING CA	l year FINDINGS CONSIDERED AUSES OF DEATH? TE City, give exact locotion)
OTHER SI TO THE DISEASE 19A. DATE OF INJURY (APPROX.) 22. I cert that (I) (v and hour	LEADING TO DEATH s not mean the made of re, osthenia, etc. It means complication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove cause (A) ING CONDITION last. II GNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I OF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING RIBUTING CAUSE OF offilly medical examiner) (Month) (Doy) (Year) ify that (1) (thill has predicted as ond from the couses stated	dying, e.g., the discose deoth.) ony, giving stoling the ONTRIBUTIN TED TO TH. T. DITION FOR ORMED (Hour) 21E WW. W. attended to	G G E Car (B) Car (C) G G IE WHICH OPERATION C. INJURY (c.g., ir no, lorm, loctory, street, of lorm, loctory, street, of lorm, loctory, street, of lord lord lord lord lord lord lord lord	20A. AUTOPSY? (Yes or Not provided by 121C. WHERE DID INJURY OCCUR?	O) 20B. IF YES, WERE IN CERTIFYING CA	I year FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) Ch 31 1970 inian death occurred on the death occurred occurred on the death occurred occurred on the death occurred occur
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FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT		L OR INSTITU	TION, GIVE STREET	Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER	NTY	SIDE CITY LIMITS? YES NO
214	E. Melr	ose Ave			214 E. Melros	e Ave	
- SEX	6. RACE	Tee	· MARRIED	NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr., If Under 24 Hrs
Female	White		WIDOWED		Sept, 4, 1894	9. AGE (In years lost birthday)	Months Doys Hours Min.
A. USUAL OCC	UPATION (Give	kind of work 1	OB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT COUNTRY
Housew		n if retired)			Maryland		U.S.A.
3. FATHER'S NA	ME				14. MOTHER'S MAIDEN NA		
			Ly	nch	Kathryn Da	ly	
S. Wos Decease Yes, no or unknow	d Ever in U. S.	Armed Force	of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	100	ADDRESS
No					Miss Claire M	Norjen	Same
18.	3 V V			CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hearl failure injury or co	nol mean the asthenio, etc. mplicolian white ANTECEDENT OR CONDITION	made of co. II means to ch caused do CAUSES	he disease, death.)	(A) IMMEDIATE CAL DUE DO, OR AS DUE 10, OR AS	A CONSEQUENCES	Clever Clident Sheynic	
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0 11	1		BALTIMORE CITY	HEALTH DEPARTMENT		100
SIRTH NO.	70 357	75	CERTIFICA	TE OF DEATH		70 3575
ype or Print)	CEASED KENN	EDY KIR	K SHELLEY	Apri	AND HOUR OF DEATH	2.30 A.
PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (VA. STATE B. CO	here deceased lived. If i	institution: residence before admission
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Md.	ID IN	SIDE CITY LIMITS?
NOITUTITE				Baltimo		YES X NO
44	Union Memor	ial Hos	pital-DOA	E. STREET AND NUMBER		vedere Ave.
Male 99	6. RACE White	7- MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH July 14, 1908	9. AGE (In years last birthdoy) 61	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
A. USUAL OCC	CUPATION (Give kind of wor			11. BIRTHPLACE (State or I		12. CITIZEN OF WHAT COUNTR
Salesma	f working life, even if retired) an			Mary	land	USA
FATHER'S NA				14. MOTHER'S MAIDEN N		
	Charles	K. She.	lley		Rose Co	ole
. Was Deceased	d Ever in U. S. Armed For	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			212-03-2018	Mrs. Florence	F. Shellev	(Same)
rise to th	OR CONDITIONS, if ne above couse (A) IG CONDITION lost.		(C)	er 100 duates A CONSEQUENCE OF:		đ
TO THE DEA	FICANT CONDITIONS CO WITH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER	THE TERMINAL RT 1 (A). NOTION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTREB	ENT WAS UNDERLYING UTING CAUSE OF y medicol examiner)		ne, form, factory, street, o	n ar obout 21C. WHERE DID	(If In Baltima	ire City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED ile At Not While At Wark	21F. HOW DID	INJURY OCCUR?	-
that (1) (we	y that (I) (this haspita) lost sow the decease	ed alive on	march ?			mil 2 19 70 inian death occurred on the do
23A. SIGNAT		ted obove. (l) (We) (did) (<u>did nat) y</u>	iew the body ofter deot	h.	23 B. DATE SIGNED
8	au blin	E. Zu	DEGREE Phy		Staff Phys.	4/3/70
23C. PHYSICIAME (andlen street	E. Zu	DEGREE Phy	Med. Director Directo		4/3/70 Bacte Phd 2/2/

2sc. funeral director
Leonard J. Ruck, Inc. Balto. Md. 21214 VS 150-REV. 1/1/68

Baltimore, Md.

Greenmount Crematory

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2-635-10 35/6	DALIMORE CITY HE			D= 4 T1		70	2576
BIRTH NO.	EXAMINER'S C	EKIIFIC	ATE OF	DEATI	REG. NO.		3370
I. NAME OF DECEASED M.		2. DATE	Known 🗌	Month	Day	Yeor	Hnur
(Type or Print) ELIZABETH GORDON		OF DEATH	Estimoted 🗌	4	2	70	11:55 8
4. PLACE IN BALTIMORE, MARYLAND, WHERE PROP	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU HOSPITAL ADDRESS OR LOCATION)	TION, GIVE STREET	PRONOU	NCED DEAD	Apr	11 2	1970	11.55a
OR INSTITUTION			SIDENCE (Where	deceased liv	ed. Il institutio		
2924 Erdman Ave.		A. STATE	Marvland		. COUNTY	5	721
	NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?	
Female White WIDOWED	DIVORCED	Balto			v	ES X	NO 🗆
9. DATE OF BIRTH 10. AGE (In years #	Under 1 Yr. II Under 24 Hrs.		ND NUMBER		•	-3 (23	
April 22, 1925. lost birthdoy)	inths Doys Hours Min.	202/	Endman	1			
	CITIZEN OF	13. FATHER'S	+ Erdman	ave.			
Maryland	WHAT COUNTRY?	4		John Be	entz		
14A.USUAL OCCUPATION (Give kind of work 14B. KIND O	BUSINESS OR INDUSTRY	15. MOTHER	S MAIDEN NAM	1E			
done during most of working lile, even il retired) Book Binder				Sopl	hia Lab	or	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or doles of service)	17. SOCIAL	18. INFORM				DDRESS	
NO	2175-20-0420	Mr. Wi	lliam M.	Gordon		(Sa	me)
19.	CAUSE OF DEAT	гн		4			PROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY	Hypertensi	va and	rtorioso	lorotic	anndi		
LEADING TO DEATH	(A)IMMEDIATE C		it cer rosc.	rerocio	carui		
(This does not meon the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease,	DUE TO, OR A	S A CONSEQU	ENCE OF:			dise	ase
injury or complication which coused death.)							
ANTECEDENT CAUSES	(0)						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	(B) DUE TO, OR	AS A CONSEQ	UENCE OF:				
I UNDERLYING CONDITION LAST							
Z	(c)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G						
O THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR	R WHICH OPERATION WA	S PERFORME	D			21. AUTO	PSY? (Yes or No)
Ö							
22A. EXTERNAL CAUSE WAS 22B	PLACE OF INJURY (e.g.,	in or obout 22	C. WHERE DID (I In Boltimore	City, nive exc	No No	
¥ UNDERLYING □ OR CONTRIB. hom	e, lorm, loctory, street, office	bldg., etc.) IN	JURY OCCUR?				
22D. TIME (Month) (Dov) (Year) (Hour)	22E. INJURY OCCURRED	22	- HOW DID INJ	URY OCCU	27		
OF INJURY	WHILE AT NOT	WHILE		on occo.			
23.	WORK L AT W	ORK					
I certify that I held on Inquiry	Inspection XX Aut	OD SY	ond that on th	ls basis, d	eath in my	oninion	
	Accident Suicid				ed monner		
	Accident		HEF MEDICAL EX		ea monner L		
ACTUAL A	alalitun		ANT MEDICAL EX		7		DATE SIGNED
	M.D.						
EXAMINER'S NAME (Type) Totidone M	ibalakia M.D.		IATE MEDICAL EX	AMINER L	_	10/20	
24A. BURIAL CREMATION, 24B. DATE 2	ihalakis M.D.	or CREMATOR	Y 24D. L	OCATION		4/3/70 , or county)	(Stote)
Burial 4/6/70.	Baltimore Na				altimor		
25A. DATE REC'D BY HEALTH DEPT. 258 NAM	E, OF TREGISTRAR	25C. FL	INERAL DIRECTO	R	A	DDRESS	Total Park
APR 6 1910 Jacob		Ieo	nard J. R	uck, I	nc.Balt	co. Md.	21214
VS 151-REV. 1/1/6B			0 6			-	

April 22, 1985.

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Leonard J. mack, Inc. Palto, No. 21211

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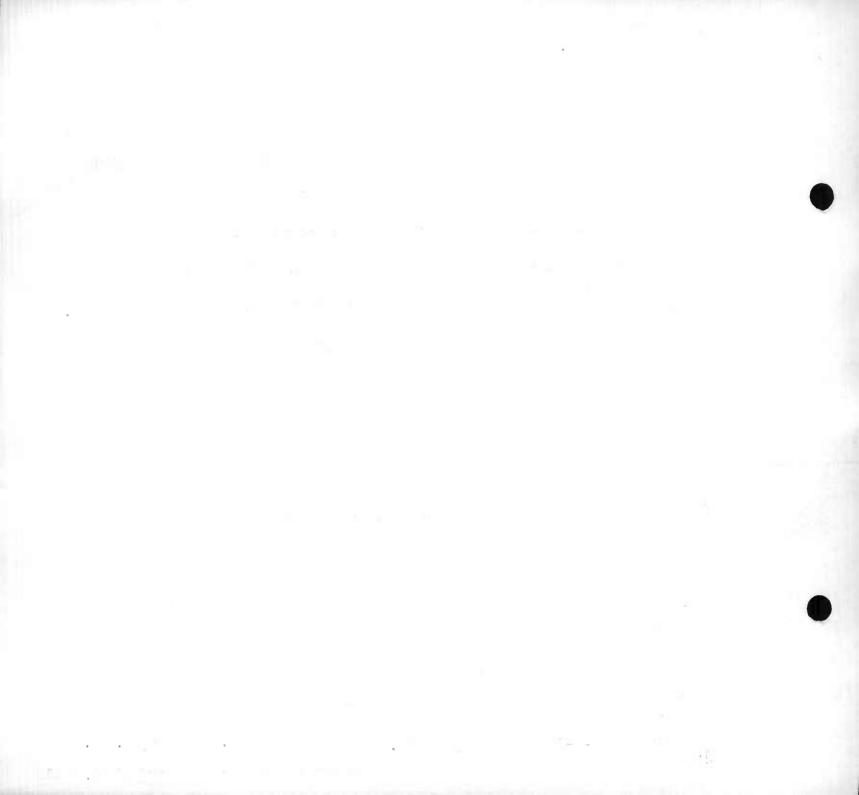
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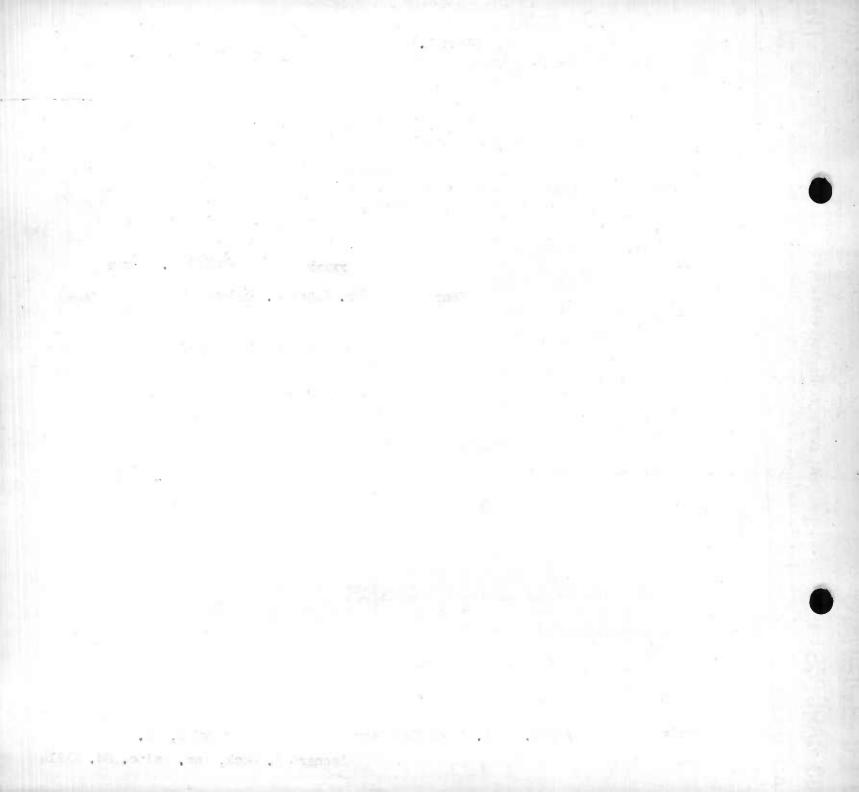
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	== 260 10 3373	Y HEALTH DEPARTMENT X REG. NO. 70 3579
	BIRTH NO. CERTIFICA	ATE OF DEATH A REG. NO. 10 3310
	1. NAME OF DECEASED W.	2. DATE AND HOUR OF DEATH
	GEORGE GOSKER DR.	APRIL 1 1970 1 630 1.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CIPY OR TOWN D. INSIDE CITY LIMITS?
- II	MARYLAND GENERAL HOSPITAL	BALTIMORE YES NO I
6	48	Box 325 Route # 16 21220
	6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., If Under 24 Hrs., Months: Days i House i Adia
	0A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI	77/20015/00
	lone during most of working life, even if retired)	11. BIRTHPUACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY
	Remes Dispatcher Cas & Electric	YEOGRACIOGRAN New York USA
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	KOXXXXXXXXX Frederick Gosker	MXXXXXXXX Louise (notknown)
	5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown) [If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 21220
		A XXXXXXXXX Mollie E Gosker Box 325 Rt. # 16
	18. 0 S CAUSE OF DEAT	H APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	ORESPIRATORY ARREST BETWEEN ONSET AND DEATH
	TENDENCE TO DEATH	
	head foilure, astheria, etc. If means the disease	A CONSEQUENCE OF:
	injury or camplication which coused death.)	
	ANTECEDENT CAUSES DIAL	BETES MELLEUS
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:
	ise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	AMPUTATION 30 MAR
	(C)	
	IDISEASE OR CONDITION GIVEN IN PART 1 (A)	AP FOR BLEEDING PROCECULORYS MAR
	19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	30 MAR BLEEDING CLEER GANER	EAZ 100
- (1	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i home, form, foctory, street of DEATH (notify medical examiner)	n or obout 21 C. WHERE DID III to Rollimore City give every legation
- 11.0		
	21D. TIME IMonth) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At No! While	21F. HOW DID INJURY OCCUR?
	Work At Work	
	22. I certify that (1) (this hospital) attended the deceased fram	3/2/70 19 to 7/1/70 19
1	that (1) (we) lost sow the deceased alive on 4/1/70	19and that in(my) (aur) apinion death accurred an the dote
Ш	and haur and from the couses stated above. (1) (We) (did) (did nat) v	lew the bady after death.
Ш	23A. SIGNATURE	23 B. DATE/SIGNED
li	The state of the s	nding Med. Staff Director Phys. 4/1/76
	122 / Buydada Anna	23D. ADDRESS
	VI. J. OLDROYD MID	Meryland General Horald
2	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	
	Burial 4-4-70 Holly Hill Cem.	Balto. Balto. Md.
2	A. DATE REC'D BY HEALTH DEPT. 259 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	APR 6 1970 Bubell E Jadber 1604.	Leonard J Ruck Inc 5305 Harford Rd. 21214
V	5'150-REV, 1/1/68	



0 01	F1 100		BALTIMORE CITY	HEALTH DEPARTMEN	IT	710 2-00
BIRTH NO	12:105	3580	CERTIFICA	TE OF DEAT	H REG. NO.	70 3580
1. NAME OF DI		cer E	Saby Boy	2. DAT	AND HOUR OF DEATH	1205 Am
3. PLACE IN B	LTIMORE, MAR	RYLAND, WHERE PRE	SNOUNCED DEAD	4. USUAL RESIDENCE	Where deceased lived. If in	stitution: residence before admission)
FULL NAME O	f (IF NOT ADDRES	IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	C. CITY OR TOWN	Baltimore	DE CITY LIMITS
NSTITUTION	11 11	11	70	0 11-	.ore	YES NO NO
John	s Hopl	kins H	ospilal	E. STREET AND NUMB		
. SEX 1	6. RACE	- 7. MARE	RIED NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male		askan WIDON	WED DIVORCED	3/29/70	O lost birthdoy)	Months Pays Hours Min.
	CUPATION (Give of working life, eve		O OF BUSINESS OR INDUSTRY	D. 17-		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N	- 4			14. MOTHER'S MAIDEN	NAME	0.5.
	N SHAKE	TD.	*	Triby.	Judith T.	Cochren
. Was Deceas	d Ever in U. S.		1 6. SOCIAL	17. INFORMANT	o wat on 1.	ADDRESS
No.	m yes, give	wor of doles of servi	None	Dr. Issam J.	. Shaker	(Same)
DISEASES rise lo UNDERLYII OTHER SIGN TO THE DE DISEASE OR	ANTECEDENT OR CONDITION He obove condition II IFICANT CONDITION ATH BUT NOT RE	ONS, if ony, gi	(c)	A CONSEQUENCE OF:	rty	
			OR WHICH OPERATION	Partio	No. 2DB. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRI	ENT WAS UND BUTING CAU fy medical exam	SE O F	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	ffice bldg., INJURY OCCU	ID (If in Boltimor.	e City, give exoct locotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (De	oy) (Yeor) (Hour)	21 E. INJURY OCCURRED While At Not While Work Not Work	• 🗖	NJURY OCCUR?	
22. I certif	y that (1) (this	s hospital) attend	ed the dedeosed from 3	29	19 7.O. to	
		e deceased olive	-			nion death occurred on the date
ond hour g		ouses stated abov	e. (I) (We) (did) (dld not)	view the body ofter de	oth.	23B, DATE SIGNED
1/1	~~~	P. 4	Le MD Atte	ending Med. Director	Staff Phys.	4/3/70
23C. PHYSIC		P. Hude	A4 1)	23D. ADDRESS	Hopkins Hosp	oital
4A. BURIAL CI	EMATION, 24B (Specify)	DATE 24	C. NAME of CEMETERY OF CR			ty, town, or county) (Stote)
Burial			St. Johns Cemete		Hydes, l	
APR 6	1970	Best E Jak	ME OF REGISTRAR	Leonard J	ruck, Inc. Ba	alto. Md. 21214



FUNERAL DIRECTOR: IMPORTANT

8	-111		70	2581	BALTIMORE CITY	Y HEALTH DEPART	MENT		mo	0.1
	TH NO.				CERTIFICA	TE OF DEA	AIH	REG. NO	70_	3581
	AME OF DECE		DEA SE		VNODIOGV		DATE AND HOUR			11:00 h
2 1	EDI		MAY		KNOBLOCK	4. USUAL RESIDEN	April 1,			11.00
FUI	LL NAME OF				TUTION, GIVE STREET	Maryland c. CITY OR TOWN	B. COUNTY		IDE CITY LIMIT	1201
	Broad	wi ow	Apts#	41000	776 W	Baltim			YES X	NO 🗌
) (Pkwy	1009	IIO W.	116 W.	umber Universi	ty Pkv	мy	
5. S	EX	6. RACE		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE		If Under 1 Months: Do	Yr. If Under 24 H
F	emale	Whi	te	WIDOWED	= =	Sept. 7,	1886. lost birth	83	Months	ys Hours Ivilli,
	USUAL OCCU during most of w None			108, KIND O	F BUSINESS OR INDUSTRY		ate or foreign country	(y)		OF WHAT COUNT
13.	FATHER'S NAM	1E				14. MOTHER'S MA	IDEN NAME			
		(George I	(nobloc)	k			Victo:	ria Rot	h
15, 1	Was Deceased	Ever in U.	S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT			AI	DDRESS
Yes	No	(If yes, gi	ve wor or dote	s of service)	220-44-2319	Mrs. A. M	aude Boett	inger		(Same)
ERTIFICATION	DISEASES O rise to the UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO	R COND abave CONDIT	couse (A) ION fost. II NDITIONS CO RELATED TO T GIVEN IN PAR	ony, giving stoting the NTRIBUTING HE TERMINAL T 1 (A).		res 2 Octo	(Yes or No) 208. If	YES, WERE	FINDINGS CO.	2713
ERT	0									
CALC	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TING 🗌 C	AUSE OF	211 hor etc	B. PLACE OF INJURY (e.g., me, form, factory, street, c ,)	in or obout 21 C. WHE office bldg., INJURY O	RE DID ICCUR?	(If in Boltimo	re City, give e:	xoct location)
-	21 D. TIME OF INJURY (APPROX.)	(Month)	(Day) (Year)	w	L INJURY OCCURRED hile At Not Whi ork At Work	te 🖂	DID INJURY OC	CUR?		
	22. I certify	that (1) (1	his haspital) attended	the deceased from		19 67	ta	4-1	197 (
	that (I) (we)	last saw	the decease	d alive an	4-1		and that in(m	y) (aur) ap	Inion death o	
			causes stat	ted abave. ((I) (We) (did) (did not)	view the bady afte	r death.		23B, DATE S	ICHED
	23A. SIGNATUI	1	10	1	Att Att	ending Med.	Shaff [1		
	Z. Ju	while	V.VS	on fr	M 1 DEGREE Ph	ending Med. ps. Direc	tor Staff Phys.		4-1	-70
	NAME (Ty	pe)				Medical	Arts Blo	io. Ba	Ito Mo	
	Dr.	Hunt	or Will	con			MI OO DI	46. 50	1100	
24 A	. BURIAL CREA		er Wil	SOn 24C.N	DEGREE		24D. LOCATION		ity, town, or c	
	REMOVAL (S. Buri	AATION, pecify)	4/4/70	. Lo	ame of CEMETERY of CR	ematory e tery	24D. LOCATION	4 (C		ounty) (State
	REMOVAL (5	AATION, pecify)	14/4/70 H DEPI.	. Lo	AME of CEMETERY OF CR	tery 25C. FUNERAL	24D. LOCATION	Baltim	ore, Md	ounty) (State

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DOEL.		BALTIMORE CITY	HEALTH DEPARTMENT		70 3583	
BIRTH NO.	70 358	CERTIFICA	TE OF DEATH	REG. NO	70 3303	
1. NAME OF DECEASED (Typo or Print) REISEN	WEBER	· JOHN 1+P	RBERT WILL	HALITALE 4	1/70, 2:45	P
3. PLACE IN BALTIMORE, MAR	LAND, WHERE PR	ONO UN CED DEAD	4. USUAL RESIDENCE (Whe	re doceosed lived. II i	Institution: residence before	odmissio
FULL NAME OF (IF NOT I HOSPITAL OR ADDRESS INSTITUTION	N HOSPITAL OR IN OR LOCATION)	ISTITUTION, GIVE STREET	MARYLAND		2633)
INSTITUTION			C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
4412841081	1150100	AL Hospital	E. STREET AND NUMBER		YES 🔀 NO 🗌	
	MEMORI	HC Hospital	3243 DUDL	EY AVE.		
5. SEX M 6. RACE	WIDO		11/28/03	9. AGE (In years last birthday)	If Under 1 Yr. If Und Months Days Hours	er 24 Hr Min,
IDA, USUAL OCCUPATION (Give done during most of working life, ever	kind of work 108, KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of fore	gn country)	12. CITIZEN OF WHAT	COUNT
Tool & Die Make			Marylan	d	USA	
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME		
JOHN REISE	EN WEBER	5	SADIE SCHI	NEIDER		
5. Was Deceased Ever in U.S., Yas, no or unknown) (if yes, give v	Armed Farces?	16. SOCIAL	17. INFORMANT		ADDRESS	
No	or or doles of servi	security No. 212-05-6827	MRS KATHER	WE REISEN	WERER (Same)
18. , / /		CAUSE OF DEAT	H	I'L KEIDEN	APPROXIMATE I	NTERVAL
DISEASE OR CONDI	TION DIRECTLY		. 1 . +	,	BETWEEN ONSET	
LEADING TO	DEATH	(A) IMMEDIATE CAL	cardiac Ta	mponade		
IThis does not mean the	mode oi dying,	P.Q. DILETO OP AS	A CONSEQUENCE OF:			
heart failure, asthenia, etc. injury or complication whic	n means the dise	dse,		dissorting a	and seduce	
ANTECEDENT	CAUSES		Rystured &	ant you	The same	
DISEASES OR CONDITIO		(B)	A CONSEQUENCE OF:	c oone		
rise to the above car UNDERLYING CONDITION	se (A) slaling	The (C)	A CONSEQUENCE OF:			
OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTII	NG				
TO THE DEATH BUT NOT REL	ATED TO THE TERMIN	IAL			*************************************	
19A DATE OF OPERATION	198 CONDITION F	OR WHICH OPERATION	204-AUTO SYRITOS DE No	10 CERTIFYING CA	FINDINGS CONSIDERED	
21A. ACCIDENT WAS UNDE	RLYING	218 PLACE OF INJURY (o.g., I	n or obout 21C, WHERE DID	lif in Boltimo	re City, give exoct lacotion)	
OR CONTRIBUTING CAUS	E O F	hame, farm, foclary, street, at	fice bidg., INJURY OCCUR?	pr to pontino		
21D.TIME (Month) (Do	(Yeor) (Haur)	21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?		_
OF INJURY		While At Not While				
		Work L. At Wark	Ly			
22. I certify that (1) (his	The state of the s			9 70 to	4///19	70
that (1) (we) last saw the	deceased alive	on 4/1	19 70 and the	at in (my) (our) opi	Inlon death accurred on	the da
and have and from the cas	ses stated above	(I) (We) (dld) (ald not) v				
23A. SIGNATURE	. 0				23 B, DATE SIGNED,	
Unne L.	Leddy	Dham	nding Med.	Staff Phys.	4/1/70	
23C. PHYSICIAN'S	7	DEGREE	23D. ADDRESS	rnys,	1 ///	•
NAME (Typol	1.11	MY		0 10	1:4:1	
HANGE L	Ledd	4 // D DEGREE	Union Memo		pilal	
REMOVAL (Specify)	4/4/70.	Parkwood Cemete		Baltimo	ity, town, or county) re, Md.	(Statel
APR 6 19/0	SPT. 258 NAM	Ber, M.D.	25C. FUNERAL DIRECTOR	ick. Inc. B	alto. Md. 2121	<u>1</u>
	- F. 133					
/S 150-REV. 1/1/6B						

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FUNERAL DIRECTOR: IMPORTANT

Q 1100	מניי	0-0-	BALTIMORE CITY	HEALTH DEPARTMENT		70 3585
0-492	70	3585	CERTIFICA	TE OF DEATH	REG. NO.	10 2000
IRTH NO.						
NAME OF DECEASED			A Service of the last		ND HOUR OF DEATH	
OI OI	JIVE E].	BLACKSTOCK		ch 31, 197	
. PLACE IN BALTIMOR	E, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If i	nstitution: residence before admission
THE NAME OF A	E NOT IN HOSPITA	AL OR INICTIZ	UTION CIVE STREET	Maryland		7758
OSPITAL OR	DDRESS OR LOCA	TION)	UTION, GIVE STREET	C. CITY OR TOWN	In this	IDE CITY HAITES
NOITUTITZI						IDE CITY LIMITS?
5723 1	lillowtor.	ATTO		Baltimor	e	YES NO
) (~) V	ITTTOM COT	I WAG.		E. STREET AND NUMBER		
00				5723 Willowt	on Ave.	
SEX 6. RA	CE	7. MARRIED	NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hr.
Female	White	WIDOWED	DIVORCED	Feb. 1, 1895.	lost birthdoy) 75	Totalins Days Roots Total
A. USUAL OCCUPATION	N (Give kind of work			11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTR
one during most of working	life, even il retired)			The 2		
Housewife				England		USA
FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
	Walter E.	Scott			Ellen	Godda rd
. Wos Deceased Ever i	n II S Amand Face	?	1 6 SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If ye			SECURITY NO.			
No			236-12-0081D	Mrs. Dorothy M.	. Turner	(Same)
18 / / / /	1		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
410,7						BETWEEN ONSET AND DEAT
	CONDITION DIR	ECILI		4		
LEAD	ING TO DEATH		(A)IMMEDIATE CAU	SE Comore Oc	Duning.	
(This does not me				CONSEQUENCE OF		
heart failure, asthe						
		deom.,		1991		
ANTE	CEDENT CAUSES		(B) (1) () ()	- Dontie C.	U.D	
DISEASES OR CO	ONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	·····	
rise to the obo		sloting the				
UNDERLYING CO	NDITION losi.		(c)			
	11	10.10				
OTHER SIGNIFICANT	CONDITIONS CON					
TO THE DEATH BUT						
	ATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPER	WAS PERF			12	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
21A. ACCIDENT W	S LINDER VINC	010	DI ACE OF INTURY	No	/if the District	Ch
OR CONTRIBUTING	CAUSE OF	horr	ie, form, foctory, street, of	fice bldg., INJURY OCCUR?	(It in Baltima	re City, give exact location)
DEATH (notify medic		etc.				
	th) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF HAJORI			ile At Not While			
(APPROX.)		Wa		· 🔲		
22. I certify that	1) (shimbonian)) attachad t	ha deceased from		1969 to Ma	sch 31 1998
			A A			1
that (1) (we) last	saw the decease	d alive an	March 16	19 / D and th	nat in (my) (au) ap	Infan death occurred an the da
and haur and fram	the causes stat	ed abave. () (We) (did) (did-net) v	iew the bady after death.		
23A. SIGNATURE		,		,		23B, DATE SIGNED
11-6	11	1	Atte	nding Med.	Staff	1.11
U-17	10000	h.	DEGREE Phys		Phys.	41,170
23C. PHYSICIAN'S				23D. ADDRESS		1
NAME (Type)	107			2926 E. Col	d Spring I	Lane, Balto.Md
Dr. He	nry Haas	e M.	DEGREE			
AA. BURIAL CREMATIC	N. 24B. DATE	24C.N.	AME of CEMETERY or CRE		OCATION	ity, town, or county) (State)
Burial (Specify	4/4/70	. Bal	timore Cemeter	y	Baltimor	e. Md.
A DATE BEEND BY	ALELA DERE		OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
SA. DATE REC'D BY H	HAR LAND IN FPT	125B. NAAAF (DISC FILMEDAL DIDECTOR	2	ADDRESS
			DF REGISTRAR			
ARR R 4	670 D.C.	28 3	Za. At D			Balto.Md. 21214

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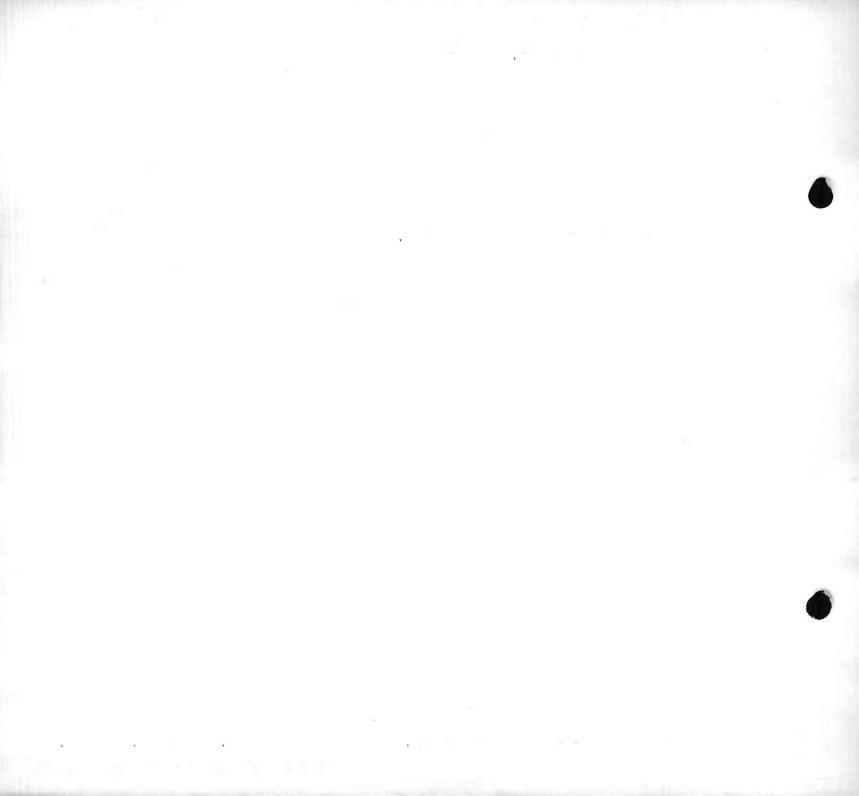
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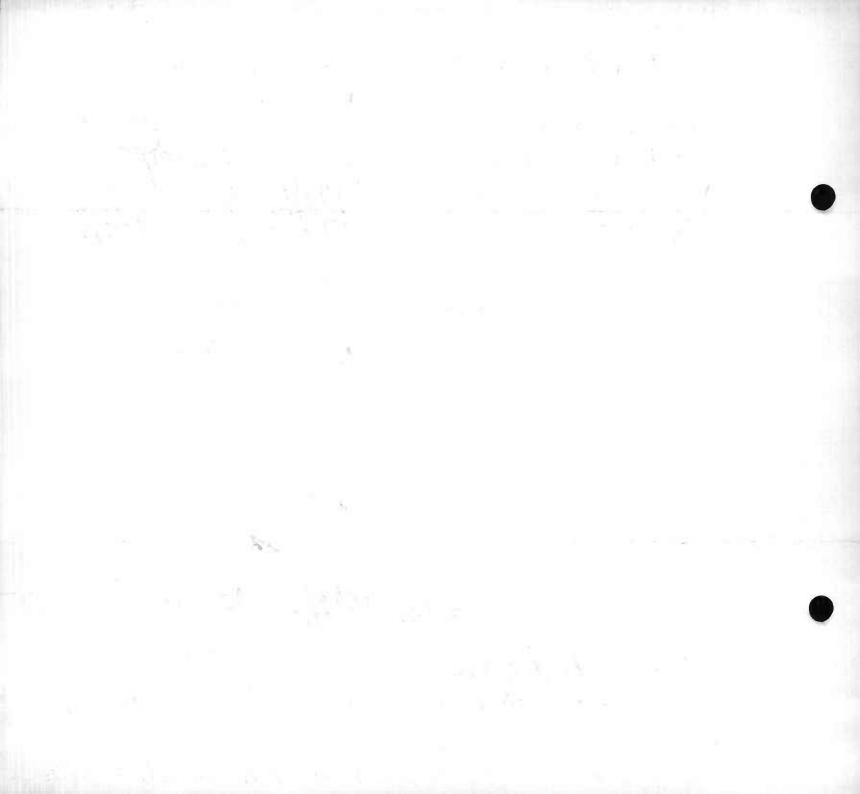
n	7-36	0	70	358	rty		H DEPARTMENT	REG. I	No. 70	3587	
	H NO.					CATE					
	e or Print) /		Louise	Miles	Meedter)			AND HOUR OF	DEATH	1 6.55	n
3. P		- 19			NOUNCED DEAD	4. USL	IAL RESIDENCE (W	here deceased liv	red. If institution:	residence before	odmission)
FU1	L NAME OF	(IE NOT	IN HOSPIT	AL OR IN	TITUTION CIVE CERTE	A. STA	TE B. CO	UNIY		111	25
HO	PITAL OR	ADDRES	S OR LOCA	(HOII)	STITUTION, GIVE STREET	C. CITY	ORTOWN		D. INSIDE CITY	LIMITS?	2
	UNY BAL	TMORE	GENERAL	Hosi	OITHC	B	0470		YES 🔀	NO 🗌	
	43						109 Gleu	due fre	Bu	160	
5. \$1	X '	6. RACE		7- MARRI	ED NEVER MARRIED	8. DATI	OF BIRTH	9. AGE (in year lost birthdoy)	ors If Und	or 1 Yr. If Und	er 24 Hrs.
	-	1	W	WIDOW		/ / / /	-7-97		72 Months	Doys Hours	Min.
done	during most of v	JPATION (Give	kind of work	10B. KIND	OF BUSINESS OR INDI	USTRY 11. BIRT	HPLACE (Stole or f	oreign country!	12. CIT	ZEN OF WHAT	COUNTRY?
	lephone			Warr	ington Aprts		BALTO.	MB		USA	
_	ATHER'S NAM			11000	THE COLL MAT CS		THER'S MAIDEN N	IAME			
	HENDS	0.	(14017			18	LIZABETH	XXXXX Sc	hue		
15. W	os Deceased	Ever in U. S.	Armed Fore	:08?	1 6. SOCIAL		DRMANT	SATISE		ADDRESS	
(160,	No of unknown)	ut yes, give	wor or dole:	s of servic	215-09-186	A How	ard C Kiel	3109 Gle	ndale Av	e 21234	
T	8.412	4 1			CAUSE OF I	DEATH				APPROXIMATE I	NTERVAL
	DISEAS	E OR COND	ITION DIR	ECTLY	CER	RE BRUVAS	cucan de	LDENT		BETWEEN ONSET?	THO DEATH
	This does no	of mean the	mode of	dvina. e	(A) IMMEDIAT					***************************************	
	heart failute, injuty of cam	asthenia, etc.	. It means	the diseo	se, DUE 10, C	R AS A CONSE	QUENCE OF:				
		NTECEDENT		Ged HIM	ASC	CVD				ŀ	
	DISEASES O			nny aivi	(B)		EQUENCE OF:				
1.0	ise to the	above co	ouse A	stating							
		- 11									
စ်	OTHER SIGNIFI	CANT CONDI	TIONS CON	TRIBUTIN	G						
CA	ISEASE OR CO	ONDITION GIV	VEN IN PART	1 (A).	R WHICH OPERATION	LOOK	AUTOPSY? (Yes or	N-1 000 10 400			
E	0		WAS PERF	ORMED	WHICH OPERATION	204.	AUTOPSTATIES OF		WERE FINDINGS NG CAUSES OF	DEATH?	
CAL	TA- ACCIDEN OR CONTRIBU DEATH (notify	TING CAU	SE OF		21B.PLACE OF INJURY (home, form, foctory, stre etc.)	le.g., in or obou et, office bldg.	121 C. WHERE DID	(If In I	Boltimore City, giv	ve exact facation)	
SED SED	ID. TIME	(Month) (Do	y) (Yeor)		TE INJURY OCCURRED		21F. HOW DID	NJURY OCCUR?			
3	APPROX.)				White At Not	White Work					
2	2. I certify	that (1) (this	hospital)	attende	d the deceased from.	3/17		19 % to	4	- 2 10	70
1	hat (I) (We)	last saw the	deceased	d alive o	4-2-20	19		that in (my) (at	ur) opinian dea		
	nd hour and		uses state	ed above	(1) (We) (dtd n	ot) view the	body ofter death	10	100 0 4		
	Gallin		John	, M.	. Ъ.	Attending Phys.	Med.	Staff Phys.	1 .	2-70	
2	3C. PHYSICIAI NAME (Ty			/	DEGREE	23D. ADI	The second secon	Phys.	9	2-70	
	WILLIAN	pel Fai	c SOH	10	M . D .	440		NE RO.	R.	21226	
24A.	BURIAL CREA				NAME of CEMETERY O	EGREE		LOCATION	(City, town.	. 21229	(Stote)
	REMOVAL (S		4-6-70						D-7 -	1/3	
_	DATE REC'D				arkwood Cem.	125C.	FUNERAL DIRECTO	Balto.	Balto.	Md.	
	APR	40000		BEX	alex M.D.		onard J R		305 Harf		214
VS 1:	0-REV. 1/1/6				- A - Washington						



BALTIMORE CITY HEALTH DEPARTMENT



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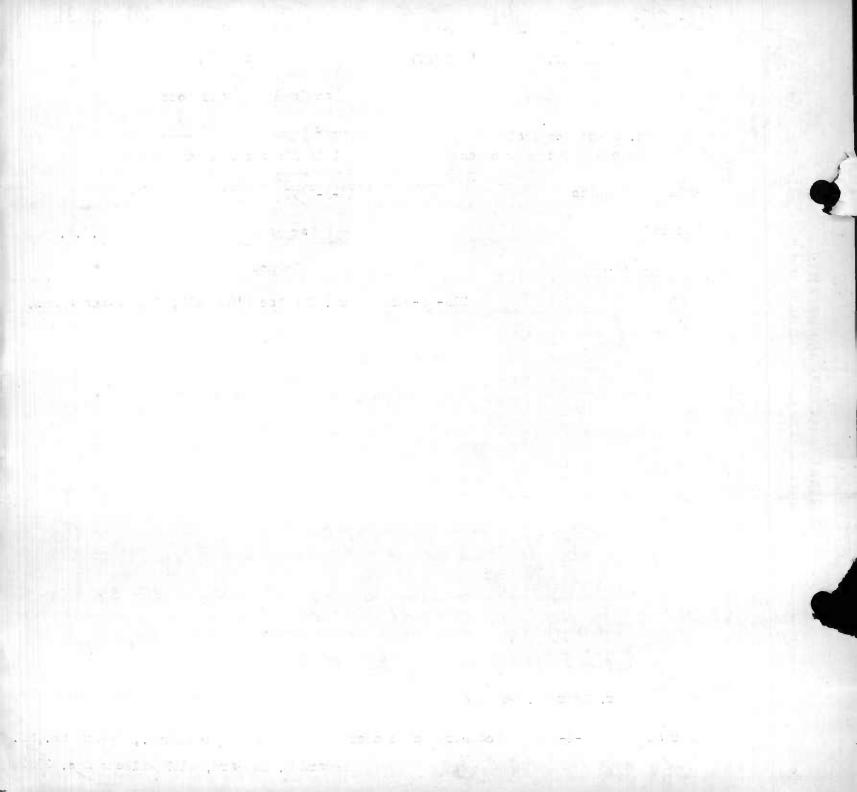
TIPA		00	BALTIMORE CITY	HEALTH DEPAR	TMENT		1940	
+-450	70 3	590	CERTIFICA	TE OF DE	ATH	REG. NO.	70	3590
BIRTH NO.			CERTIFICA					
Type or Print)	ED				2, DATE A	D HOUR OF DEAT	Н	
Type or rillin	MARY	MARC	ARET F	LYNN	April	1, 1970	- 1	
3. PLACE IN BALTIMO	ORE, MARYLAND, W	HERE PRONO	UNCED DEAD		ENCE (Whe	re deceased lived, if	institution: re	sidence before odmissio
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTIT	TUTION, GIVE STREET	Maryland			ISIDE CITY LI	2572 MITS?
	O Rittenho	use Ave	enue	Lakeland	1		YES 🗍	№ П
	timore, Ma			E. STREET AND			,,,,	
00	cimore, ma	Lyland	21230	2610 R	itten	ouse Avenu	.e	
	ACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthdoy)	If Under Months:	
Female	White	WIDOWED	DIVORCED [8-1-189	0	79		
		10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZ	EN OF WHAT COUNTI
done during most of worki	ng life, even if retired)						77	S.A.
Housewife					land		U.	O'T.
3. FATHER'S NAME			1 - 1 - 1 - 1 - 1	14. MOTHER'S M	AIDEN NA	ME		
CT1								
	mas Hayes		Il 6 social		stasia	Nagle		ADDRESS
5. Wos Deceased Eve Yes, no or unknown) (If	yes, give wor or date	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS 21230
No			214-20-4586	Mrs. Walt	er Par	ker, 2610	Rittenh	
1B. / A A			CAUSE OF DEAT			, 2010	112000111	APPROXIMATE INTERVAL
14101	0							ETWEEN ONSET AND DEA
	R CONDITION DIE	RECTLY		10117		DAA AAGA	Parcel	a mantante
	DING TO DEATH		(A) IMMEDIATE CAL	ISE NCUIT	= 001	maryue	enor sca	y vvvi vvii a
	meon the made of tenia, etc. 11 means		DUE TO OR AS	A CONSEQUENCE	OF:	7	f	
	alian which caused			MIN				
ANT	ECEDENT CAUSES			T(VI)				y cars
			(B)					
	CONDITIONS, if		DUE 10, OR AS	A CONSEQUENCE	OF: ~			41100
	rise to the abave cause (A) stating the UNDERLYING CONDITION last.						,	(2017)
			(0)	, -1		1.00	110111	
TO THE DEATH BU	II NT CONDITIONS COI JT NOT RELATED TO TH	HE TERMINAL	Myocar	dial he	and a	asseone Addisu	one	years
	ERATION 198 CON			20A. AUTOPSY				CONSIDERED
LIVA. DATE OF OP	WAS PERF		WHICH OPERATION	ZUM. AUTOPSY	TIES OF N	IN CERTIFYING	CAUSES OF	DEATH?
ER (
U 21A. ACCIDENT V OR CONTRIBUTIN DEATH (notify med			B. PLACE OF INJURY (e.g., me, form, foctory, street, o)			(If in Boltin	nore City, give	e exact location)
0				015	144 mam 451			
OF INJURY	onth) (Doy) (Year)		E. INJURY OCCURRED		W DID IN	URY OCCUR?		
(APPROX.)			hile At Not While At Work			/ /	, ,	
				ATA SI -	21-	10	land.	31 /0
22. I certify tho	t (1) (this hospital) ottended	the deceased from	The same	21	19/10 to 00	unau	19.0
that (I) (we) las	t sow the decease	d alive on.	illasch;	3 19 10	ond th	not in (my) (aur) o	pinion deat	h occurred on the d
	m the couses stot	ed obove. ((I) (We) (did) (did nat)	riew the body att	rer deoth.			
23A. SIGNATURE	01111/1	1000	1. 1. 1	1/				E SIGNED
()	My (V	rry	Dh.	ending Me	d.	Staff Phys.	Mn	43,1970
23C. PHYSICIAN'S	- ()		DEGREE	23D. ADDRESS	-101	rays.	1.1	111
NAME (Type)				230. ADDKESS				
	Dr. Henry	Arman	as	1934 Wil	lkens .	Avenue, Ba	ltimore	, Maryland
24A. BURIAL CREMAT	_		AME of CEMETERY OF CR			<u> </u>	(City, town, o	
REMOVAL (Speci	fy)							
Burial	4-4-7	0 1	w Cathedral Co	emetery	Ba	ltimore, M	aryland	
25A. DATE REC'D BY	HEALTH DEPT.	258 NAME	OF REGISTRAR	25C. FUNERAL				ADDRESS
ADD 6 107	1000 BE	Jallan	See The	Howar	d H. H	ubbard. 41	07 Will	cens Ave. 21
APRO 13	O " Wells of	Paris .			,	, 1-		
VS 150-REV. 1/1/6B			•					

THE ARTHUR DESCRIPTION OF THE PROPERTY OF THE

all the grave to the countries of the countries of the first

a hospital and

NAME OF D	SAMUEL.	(CONNELL		ril 1, 19		
B. PLACE IN B	ALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived. Il	l institution: re	esidence before admi:
FULL NAME C	AE VIE NOT IN HOSP	TAL OR INSTIT	LITION CIVE STREET	Maryland	Baltimor	e	5301
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION			C. CITY OR TOWN	D. II	NSIDE CITY LI	MITS?	
	14. A 77 -	*****		Rosemont	S. 553 1-6	YES	NODE
1-1-11	St. Agnes Hosp			E. STREET AND NUMBER	BURNELL CALL		
7 1	Vilkens & Cato	ns Avent	ies	2815 Alabam	a Avenue		
· SEX	6. RACE	7- MARRIED	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under	Doys Hours M
Male	le White WIDOWED DIVORCED			10-5-1897	72		
	CUPATION (Give kind of wo		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITI	ZEN OF WHAT COU
Retire				Ma viiland			II C A
3. FATHER'S N				Maryland 14. MOTHER'S MAIDEN NA			U.S.A.
**	1						
	nknown ed Ever in U.S. Armed F	20002	14 social	Unknow	n		ADDRESS 21
es, no or unkno	wn) (if yes, give wor or do	tes of service)	1 6. SOCIAL SECURITY NO.				21.
No			215-09-9156	Mrs. Ida Mae	O'Connell,	2815 A	labama Ave
heart failur	LEADING TO DEATH and mean the made of e, asthenia, etc. It mean amplication which cause	of dying, e.g., is the disease,		A CONSEQUENCE OF:			
DISEASES rise la UNDERLYI OTHER SIGN TO THE DE DISEASE OF	anal mean the made of the control of	of dying, e.g., as the disease, and death.) s any, giving the disease, and death.) ONTRIBUTING THE TERMINAL ART I (A).	(B)————————————————————————————————————	A CONSEQUENCE OF:	OWO COM		CONSIDERED DEATH?
DISEASES rise la UNDERLYI OTHER SIGN TO THE DE DISEASE OF 19 A. DATE 21 A. ACCIL OR CONTR	anal mean the made of the control of	of dying, e.g., as the disease, and death.) So any, giving the stating the ontributing the terminal art I (A), NOITION FOR REFORMED	(B) DUE TO, OR AS (C) WHICH OPERATION D. PLACE OF INJURY (e.g., ine, form, foctory, steet, o	A CONSEQUENCE OF: A CONSEQUENCE OF:	O 208. IF YES, WEI	RE FINDINGS CAUSES OF	CONSIDERED DEATH?
DISEASES rise la UNDERLYI OTHER SIGN TO THE DE DISEASE OF DISEASE	and mean the made of e, asthenia, etc. It mean amplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (ANG CONDITION last.	of dying, e.g., as the disease, and death.) s any, giving the disease, and death.) ONTRIBUTING THE TERMINAL ART 1 (A), NOUTION FOR REFORMED	(B) DUE TO, OR AS (C) WHICH OPERATION D. PLACE OF INJURY (e.g., ine, form, foctory, steet, o	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or N	IO) 208. IF YES, WEI IN CERTIFYING (RE FINDINGS CAUSES OF	
DISEASES rise la UNDERLYI OTHER SIGI TO THE DE DISEASE OF 19A. DATE 21A. ACCII OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.)	anal mean the made of the course amplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (ANG CONDITION last.	of dying, e.g., as the disease, and death.) So any, giving the disease, and death.) ONTRIBUTING THE TERMINAL ART I (A). NOTITION FOR REFORMED ONTRIBUTION OF CRETOR OF CRETO	WHICH OPERATION DUE TO, OR AS (C) WHICH OPERATION DEPARTMENT OF INJURY (e.g., in form, foctory, street, on the foctory of	20A. AUTOPSY? (Yes or Min or obout 21C, WHERE DID ffice bidg., INJURY OCCUR?	O) 208. IF YES, WEI IN CERTIFYING (If in Boltin	RE FINDINGS CAUSES OF	e exact location)
DISEASES rise la UNDERLYI OTHER SIGI TO THE DE DISEASE OF 19 A. DATE 21 A. ACCII OF CONTR DEATH (no 21 D. TIME OF INJURY (APPROX.) 22. I certi that (I) (w	anal mean the made of e, asthenia, etc. It mean amplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (ANG CONDITION last.	of dying, e.g., as the disease, and death.) so the disease, and death.) on the terminal area and the death. on the terminal area and the death. on the death.) on the death. on the disease, and the death. on the death. on the disease, and the death.	WHICH OPERATION S. PLACE OF INJURY (e.g., interpretation of the property of the property of the property of the deceased from the decease	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No in or obout 21C, WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN 18 19 20 and the view the body after death.	JURY OCCUR?	RE FINDINGS CAUSES OF I	e exoct locotion)



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VS 150-REV. 1/1/68

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IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

3:00

U.S.A.

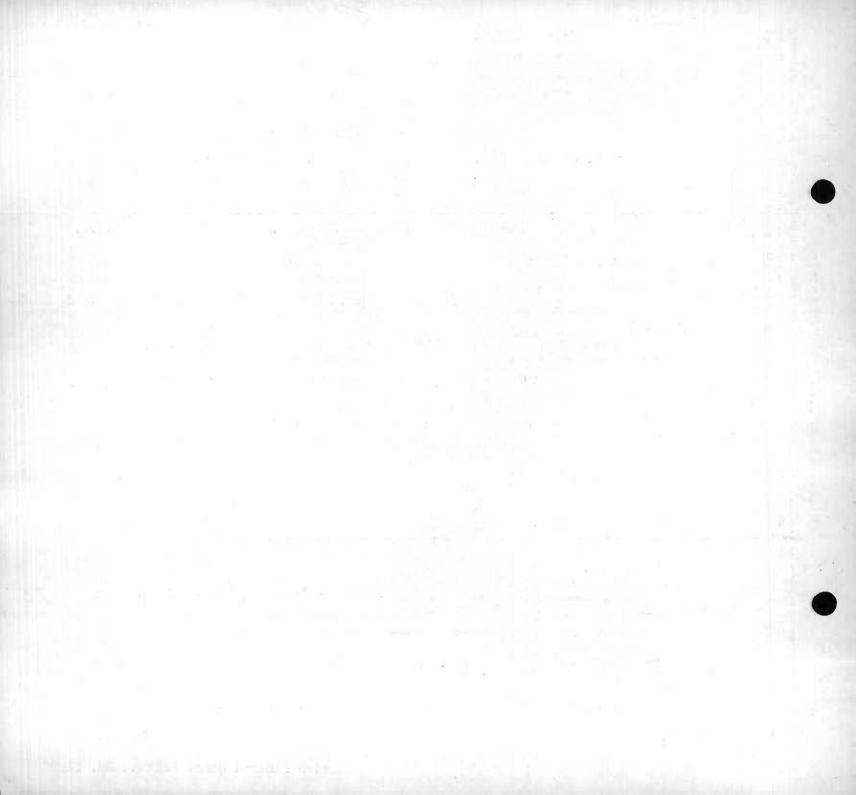
NO

Hours !

ADDRESS 21224

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

If Under 24 Hrs.



Minister Court Treme 1927 Michigan 4-7-70 Recaltery Cometant Anno Arondel Ctr., bd. tes of the design of the least of the last

3596 BALTIMORE CITY HE	ALTH DEPARTMENT
+ 260 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) Mary E. Fisher	OF DEATH Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 4 3 70 3:05 p.u.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If tristitution; residence before odmission)
3/	A. STATE B. COUNTY
6. SEX 7. RACE 8. MARRIED T NEVER MARRIED	Maryland Baltimore 5 5 6 6 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
MARKIED ET INEVER MARKIED	Doll-ton
female colored WIDOWED DIVORCED 9. DATE OF BIRTH 110.AGE (In years # Under 1 Yr, # Under 24 Hrs.	E. STREET AND NUMBER
last birthday) Manths , Days , Haurs , Min.	E, STREET AIND NOMBER
1-29-12 58	16 King Ave.
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Virginia	Edward Jordon
14A.USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUSTRY dane during mast of warking lile, even il refired)	15. MOTHER'S MAIDEN NAME
	Margaret Newby 18. INFORMANT ADDRESS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, pp ar unknown) (II yes, give war or dates at service) SECURITY NO.	18. INFORMANT ADDRESS
No	Mr. Wilder E. Fisher 16 King Ave.
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
	AUSE Rheumatic heart disease
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease,	AS A CONSEQUENCE OF:
injury ar camplication which caused death.)	
ANTECEDENT CAUSES (R)	
DISEASES OF CONDITIONS IF ANY COVING	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	elerotic cardiovascular disease
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Terotic cardiovascular disease
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
8 7	
Z22A. EXTERNAL CAUSE WAS 22B, PLACE OF INJURY(e.g.,	In or about 22C. WHERE DID (II in Boltimore City, give exact location)
	e bldg., etc.) INJURY OCCUR?
OF INJURY (Manth) (Day) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT WORK AT W	WHILE OF THE PROPERTY OF THE P
23.	
I certify that I held an Inquiry Inspection Au	topsy 🖾 and that on this basis, death in my opinion
resulted from: Natural causes Accident Suicid	de Hamicide Undetermined manner
1	CHIEF MEDICAL EXAMINER
SIGNATURE MUSICA M.D	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	
NAME (Type) Werner U. Spitt, M.D.	Deputy Chief Medical Examiner 4/4/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specily)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 4/8/70 Carver Mem.	Park Laurel. Maryland
25A. D'ATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
ADD & TEN Park F. Janbery M. B.	Wm C March 928 E. North Ave.
VS 151-REV, 1/1/68	Wm C March 928 E. North Ave.

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	He & F &	BERTIFICATE OF DEATH REG. NO. 70 3597 CERTIFICATE OF DEATH	
	pital and of death Deceased e on the ath. Such	1. NAME OF DECEASED (Type of Print) 2. DATE AND HOUR OF DEATH	
	÷ + • • - +	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decoosed lived, Il institution: residence before admission and state of the pronounced decountry)	M.
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR LOCATION) 12.07	
	d in a ng cause; attend	UDION MEMORIAL HOSPITAL BALTO. YES TO NOT	/
	D L .	4433rd + CALVERT SIS 2706 MILES AVE	
	contribut contribut etermined n regular recased p	6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr., If Under 24 Hi	18.
	or contributed of con	WIDOWED DIVORCED 6-28-01 Ost Distribution Months Days Hours Min. 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNT	RY7
	0 0 - 0	HOUSEWIFE MD U.S.A.	
<u></u>	N T	WILLIAM KOSPBER ERANGES MAN	
TAN	the dir the dir kind; death nnce on final di	15. Wos Deceosed Ever in U. S. Armed Forces? (Yos, no or unknown) (If yos, give wor or doles of service) SECURITY NO.	
IMPORTAN	is assi any k ced c ndanc or fir	18. 250.9 1 CAUSE OF DEATH DE ECORDS FROM MEMORIANTE INTERVAL	141
MP	of of of of the	DISEASE OR CONDITION DIRECTLY	TH
••	50 - 8	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	
CTOR	fra fra	injury or complication which caused death.) ANTECEDENT CAUSES	
DIREC	6 M _ E	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	
	5 5 E	UNDERLYING CONDITION last. (c) MYOCARDIAL INFARCTION.	-
RAL		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19A. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
FUNER	Si Soda	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	-
3	the (2) by for	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, fociory, street, affice bidg., INJURY OCCUR?	
	0 5 5 P	DE IN TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	_
		Work At Work	
U	9 0 0	22. I certify that (I) (this hospital) attended the deceased fram	
	sed to be to	23A. SIGNATURE	
	al to the land	Attending Med. Staff 23 B. DATE SIGNED 23 B. DATE SIGNED 23 B. DATE SIGNED 24 - 2 - 2 & 2 & 2 & 2 & 2 & 2 & 2 & 2 & 2	
	0 - 0 - >	NAME (Typel	-
	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	24A. BURIAL CREMATION, 24B. DATE 24CINAME of CEMETERY OF CREMATORY 24D. LOCATION (City, Jown, or county) (State)	=
	This certification of the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. EUNERAL DIRECTOR. ADDRESS ADDRESS	
		APR 6 1970 Plant E. Janks 183 Hand It Seity 814W36th N	ne
		TO 100-1147 17 17 00	-



	1	
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the death); and (6) No physician was in regular attendance on the death, be obtained before the remains are embalmed or final disposition; and (6)	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contribution shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased principle of any state of any state of principle of the obtained before the remains are embalmed or final disposition is made.	
FUNERAL DIE	pproved by the chief medical of the hospital by a medical any nature; (2) Body burns; (3) except where the physician y and (6) No physician was it sobtained before the remains	
	This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must be	

K-400	70	3598		HEALTH DEPARTMENT	X	70 3598
1. NAME OF DE		MADTUA		2. DATE	AND HOUR OF DEATH	H
3. PLACE IN BA	ALTIMORE, MARYLAND, V	MARTHA	EAD	HA USUAL RESIDENCE (V	L 1, 19/0	Institution: residence before admission)
FULL NAME O HOSPITAL OR INSTITUTION		AL OR INSTITUTION, G		MARYLAND C.CITY OR TOWN	BALTIMO	RE COUNTY 530
40	ST AGNES HO	SPITAL		BALTIMORE E. STREET AND NUMBER 1105 NEWFI	ELD ROAD	YES NO 🔀
F EMALE	6. RACE WHITE	7- MARRIED NEVE		8. DATE OF BIRTH	9. AGE (In years last birthdoy)	II Under 1 Yr. II Under 24 Hrs. Monihs Doys Hours Min.
			DIVORCED	10 27 89	80	
HOUS EW	I F E	HOME	S OK MEDOSIKI	MARYLAND	oreign country)	U.S. A
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	IAME	
RALPH	HEWITT			ISABELLE O'	BRIFN	
5. Wos Deceose	d Ever in U. S. Armed For n) (If yes, give wor or dole		AL RITY NO.	17. INFORMANT		ADDRESS
18.			USE OF DEAT	ST AGNES RE	CORDS-BALT	0 MD 21229
other signi	OR CONDITIONS, if the above cause (A) G CONDITION last. II FICANT CONDITIONS CONTINUES CONTINUE	(c)		me Nearl Far. A EONSEQUENCE OF C	Heart du	slasi
< DISEASE OR €	F OPERATION GIVEN IN PAR WAS PERI	T 1 (A).	ERATION	20A. AUTOPSY? (Yes or	No) 208 IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
. OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	218. PLACE Of home, form, for	FINJURY (e.g., in sciory, street, al	NO n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?		ore City, give exoct location)
OF INJURY (APPROX)	(Month) (Doy) (Year)	(Hous) 21 & INJURY C	Not While At Work	21F. HOW DID II	NJURY OCCUR?	•
22. I certify that (i) (we	that (1) (this hospital) last sow the decease	attended the deceased alive an APRIL	ed fram M	ARCH 10 19 70 ond	19 70 to APR	inlan deoth accurred an the date
and hour an 23A. SIGNAT	d from the causes state Auben V.	10		ew the body after death	le .	23B, DATE SIGNED
23 C. PHYSICIA NAME (1	ofina.	DEGREE Phys	Director L	Staff Phys.	04 01 70
4A. BURIAL CRE	MATION, 24B. DATE (Specify)	A M.D. 24G. NAME of CE 20 New Car	DEGREE METERY OF CRE		SPITAL CAT	N & WILKENS AVE
SA. DATE REC'E	BY HEALTH DEPT.	25B NAME OF REGISTR	AR	25G, FUNERAL DIRECTO	worange	F-H. ADDRESS
S 150-REV. 1/1/	14.0	700				

6009 Harford Rd. - Balto., Md. 21214

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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

Hyperthan C. D.

VS 151-REV. 1/1/68

DATE REC'D BY-HEALTH DEPT.

258 NAME OF REGISTRAR

25C. FUNERAL DIRECTOR Robert C. Altenburg Funeral Home Inc.

6009 Harford Rd. - Balto., Md. 21214

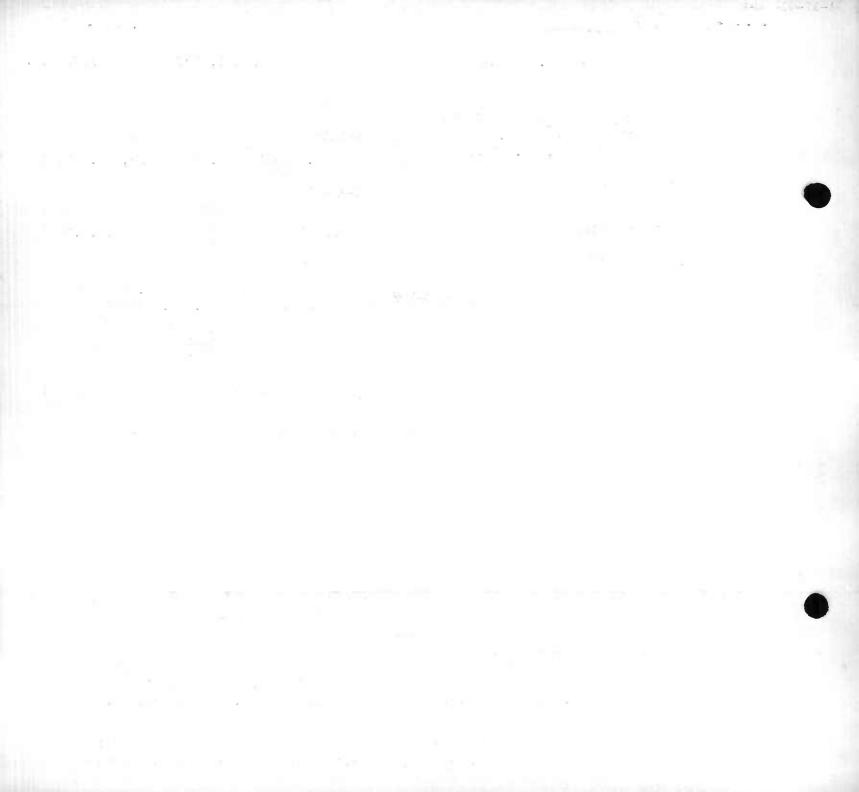
caramina, and alone for the · EFIER A · ELEMA Terate-0131 Hollon Puseral Mone-118 6. 12166 signing they Separatery Comp. Named word Co., Educate Separate Today Inches Id. - Caller II

FUNERAL DIRECTOR: IMPORTANT

7- 60-	BALTIMORE CITY	HEALTH DEPARTMENT		P10
BIRTH NO. 3601	CERTIFICA	TE OF DEATH	REG. NO	70 3601
1, NAME OF DECEASED (Type or Print) Tohanna	A. Forresi		HOUR OF DEATH	7:30 A. N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE			deceased lived. If i	nstitutian: residence befare odmissian)
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Mary/and		SIDE CITY LIMITS?
00		Baltimoi E. STREET AND NUMBER	-6	YES A NO
909 Andover Rd		909 Andor	erRd	
6 1 111-4,	RIED NEVER MARRIED DIVORCED DIVORCED		ost birthday	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State ar fareig	n country)	12. CITIZEN OF WHAT COUNTRY
HOUSE WORKING life, even if refired) HOUSE WORK 3. FATHER'S NAME	n Home	Germany 14. MOTHER'S MAIDEN NAM		U.S.A.
Carl Albers		Un KNOW		
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar dates of ser	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT	11 0	ADDRESS
NO	213-50-7693	Magdalenalli	11449091	Andover Rd
182412.4	CAUSE OF DEAT	H C		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cherrosa	Entil ardio vaces	LD MARO	Several sens
(This does not mean the mode of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	a comme	(-)
hearl foilure, osthenio, etc. It meons the dis		A CONSEQUENCE OF:		_
injury or complication which coused death,)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoting	, , , , ,	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(c)			
11		11		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT		so Thenoidipa	~	THE RESERVE AND ADDRESS.
TO THE DEATH BUT NOT RELATED TO THE TERMINE DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218 PLACE OF INJURY (e.g., home, form, foctory, street, o	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in BoltIma	re City, give exact lacation)
21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	While At Nat While			
	Work L At Wark	101-57		A 1 70
22. I certify that (I) (this hospital) atten	Malashal	31 170		19 19
that (I) (we) last sow the deceosed alive	an My	19 ond tho	t in (my) (our) op	inion deoth occurred on the dot
ond hour and from the causes stated abo	ve. (I) (We) (did) (did not)	riew the body after death.		
23A. SIGNATURE	210	/		23B. DATE SIGNED
Loy L. Sam	nerman DECREE Phy	ending Med. Director	Staff Phys.	4/2/70
28 PHYSICIAN'S NAME Type	DEGREE	23D. ADDRESS		
Della MA	MD	3202 N- C. 1	24	
24A. BURIAL CREMATION 24B. DATE 2	MAN DEGREE	EMATORY 24D. LO	CATION (C	ity, town, or county) (Stote)
24A. BURIAL CREMATION 24B. DATE REMOVAL (Specify)	0 11	101	11 -	04 ()
134rial 7/3/70 1		oNa Cemetery Ba	Itimore,	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
APRO 13/U label E.	المديوني والما	Ambrose Live.	1328511P	hur Sp. Rd
VS 150-REV. 1/1/6B				

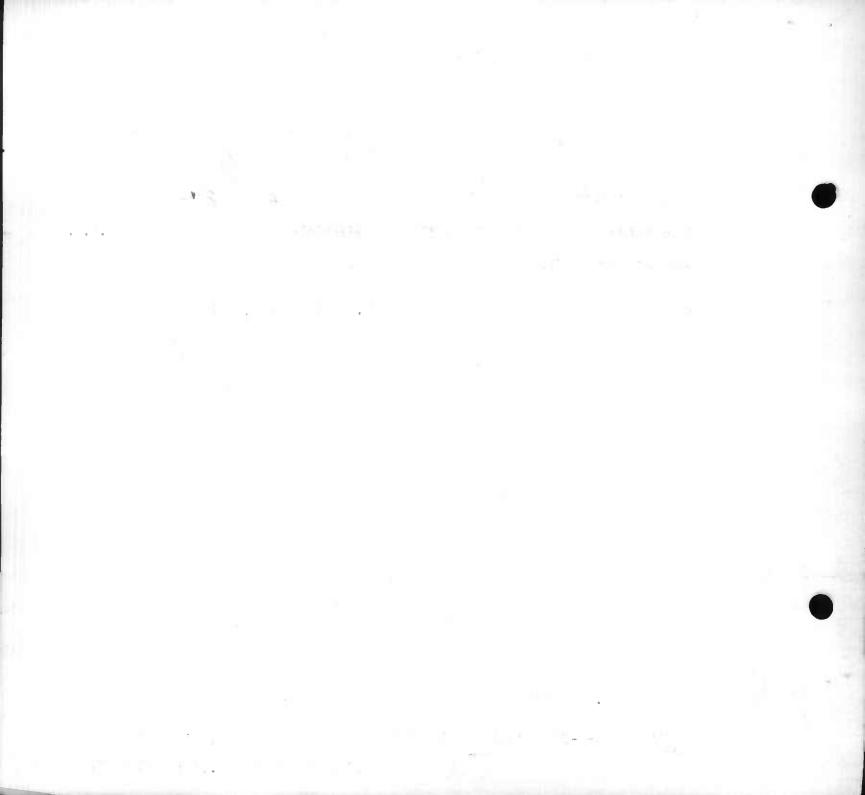


VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

D 1120	BALTIMORE CITY	HEALTH DEPARTMEN	Т	
BIRTH NO. 70 3603	CERTIFICA	TE OF DEAT	H REG. NO	70 3603
(Type or Print) OULS. ABRAHAM PLA	tt-	2. DAT	3 31 7	1/0.30 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONC	DUNCED DEAD	4. USUAL RESIDENCE	Where deceased lived If i	nstitution; residence bolaro admissio
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	TUTION, GIVE STREET	C, CITY OR TOWN		SIDE CITY LIMITS?
1/2		BALT	2	YES NO
SINAi HOSP.	Bosto.	E. STREET AND NUMB	De to	alel
S. SEX 6. RACE 7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF METH	9. AOE (In years last birthday)	If Under 1 Yr. If Under 24 Ha Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND O		11. BIRTHPLA CE (Stote of	8 0/-	12. CITIZEN OF WHAT COUNTI
PROPRIETOR GROCI GROCIS FATHER'S NAME	CERY STORE	LITHUANIA		u.s.A.
SCHMOEL JAKOW PLATT		SISA	?	
5. Was Deceased Ever in U. S. Armed Farces? Yas, no or unknown) (If yas, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO		MR. MORTON PI	ATT. 6712 WES	TBROOK ROAD
18.410.9	CAUSE OF DEAT	H T		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1.	7	1
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU		ang/le	ima 12 hrs
heart faiture, asthenia, etc. It means the disease, injury or complication which caused deoth.)	DUE 10, OR AS	A CONSEQUENCE OF:		
ANTECEDENT CAUSES			. 101	4
DISTANCE OF CONTRACTOR OF	(B)	my o west	ral Zufan	c1.
DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:	•	
UNDERLYING CONDITION lost	(c)			
_ 11				
O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
I DISEASE OR CONDITION GIVEN IN PART 1 (A)		***************************************		
19A-DATE OF OPERATION 19R CONDITION FOR WAS PERFORMED		20A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
0.0	PLACE OF INJURY (e.g., in ne, form, factory, streat, of)	or about 21C. WHERE DI fice bldg., INJURY OCCU	D (If In Boltimon	re City, give exact lacation)
21D-TIME (Month) (Day) (Year (Hour) 21E	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
	ile At Not While			
22. I certify that (1) (this hospital) ottended t			2 10 +0	3/31/7019
that (1) (we) lost sow the deceased office on	1 1 1			nion death occurred on the da
and hour and from the causes stated above.		**************************************		mon death occurred on the do
23A. SIGNATURE	-7 (e) (ala) (ala mot) V	iew the body offer dec	īn.	23 B. DATE SIGNED
G, InVen	FGREE Phys		Shoff Phys.	3/3//20
A. MC VENY		SINAI HOSPI	TAL	
4A. BURIAL CREMATION, 248, DATE 24C.N.	AME of CEMETERY OF CRE	MATORY 241	LOCATION (Ci	ly, town, or countyl (Siota)
BURIAL 4-2-70 HEBI	REW FRIENDSHIP		ALTIMORE, MARY	
TOD & TOTAL DEPT. 258, NAME OF THE PROPERTY OF	OF REGISTRAR	25C. FUNERAL DIREC	TOP	REISTERSTOWN ROA
The state of the s		الورة (



VS 150-REV. 1/1/6B

TO SHEET THE STATE OF

MAN MAN LETTERS OF THE MENT OF THE STREET HAS

FUNERAL DIRECTOR: IMPORTANT

(Typ	Pe or Print	DAVID B	ERNARD I	LANDY	MAI	E AND HOUR OF DE	11:30
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)				4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admiss A. STATE B. COUNTY		
FU				MARYLAND		272	
IN:	INSTITUTION				C. CITY OR TOWN		YES NO
3651 GLENGYLE AVENUE, APT. F 2				F 2	F STREET AND NUMBER		
00			3651 GLEI	3651 GLENGYLE AVENUE, APT. F2 #21215			
5. 5	SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	
	MALE	WHITE	WIDOWED	DIVORCED [MAY 10. 1890		0,0,0,0
		UPATION (Give kind of work working lile, even if retired)	10B, KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote o		12. CITIZEN OF WHAT CO
don	RETIRE		F000	BROKER	WASHINGTON,	D. C.	u.s.A.
13.	FATHER'S NA				14. MOTHER'S MAIDEN		
	HENRY	LANDY			BETSY		
15.	Was Deceased	Ever in U. S. Armed For	ces?	16. SOCIAL	17. INFORMANT		ADDRESS
1,63	NO	, yes, give wor or dole	or activice/	213-01-3910	MPS TRENE	I ANDV 3451	GLENGYLE AVE., APT
_	1B. /	2 2	-		TH P. Care 120	2411 6 20	APPROXIMATE INTE
	DISEA	SE OR CONDITION DI	RECTLY	due ast	73 - 100	way care	BETWEEN ONSET AND
		LEADING TO DEATH			- ues exert	400	1. hours
	(A)IMMEDIATE CAUSE						
		at meen the made of		DUF TO OR AS	USE A CONSEQUENCE OF:	teas	. L
	heart failure,	at meon the made af asthenia, etc. It means aplication which caused	the diseose,	DUF TO OR AS	A CONSEQUENCE OF:	hear	ct
	heart failure, injury ar can	asthenia, etc. 11 means opticotian which caused	the disease, death.)	DUF TO OR AS	A CONSEQUENCE OF:	hear	ct
	heart failure, injury ar can	asthenia, etc. II means optication which caused ANTECEDENT CAUSES	the disease, death.)	DUF TO OR AS	A CONSEQUENCE OF:	eroses	ct
	heart failure, injury ar can DISEASES (rise to th	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a obave couse (A)	the disease, death.) ony, giving	DUF TO OR AS	A CONSEQUENCE OF:	hear	ct
	heart failure, injury ar can DISEASES (rise to th	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if	the disease, death.) ony, giving	DUF TO OR AS	A CONSEQUENCE OF:	hear	ct
Z	DISEASES (rise to the UNDERLYING	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a obave couse (A) G CONDITION last.	the disease, death.) ony, giving stating the	(B) OUT TO, OR AS	A CONSEQUENCE OF:	erores	ase zorge
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AL CERTIFICATI	DISEASES (rise to the UNDERLYING) OTHER SIGNIF TO THE DEAL DISEASE OR CORNELLO OR CONTRIBUTE.	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obave couse (A) G CONDITION last. IL CONDITION LAST. ELCANT CONDITIONS CONDITIONS CONDITION GIVEN IN PART ON DISTRIBUTION GIVEN IN PART OPERATION 198. CON WAS PER	ony, giving stating the MTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR TORMED	(B) OUT TO, OR AS (B) OUT TO, OR AS (C) WHICH OPERATION A PLACE OF INJURY (e.g., ne, form, foctory, street, or the street,	A CONSEQUENCE OF: 4	CRILL OF NO. 2018. IF YES, WIN CERTIFYING	TERE FINDINGS CONSIDERED CAUSES OF DEATH?
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MEDICAL CERTIFICATI	DISEASES (rise to the UNDERLYIN) OTHER SIGNII TO THE DEAD DISEASE OR COTTAINE OR CONTRIBUTE OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and the underlying of the u	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obave couse (A) G CONDITION last. ILCANT CONDITIONS COON CONDITIONS COON CONDITION GIVEN IN PART OPERATION 198. CON WAS PER NT WAS UNDERLYING CAUSE OF medical examiner) (Month) (Doy) (Year) that (1) (this hospital of the causes started the causes	ony, giving staling the MTRIBUTING HE TERMINAL RT 1 (A). Only giving staling the MTRIBUTING HE TERMINAL RT 1 (A). Only giving staling the terminal records the staling the staling the staling terminal records the stali	WHICH OPERATION C. PLACE OF INJURY (e.g., ne, fortory, street, or which deceased from the deceased fr	20A. AUTOPSY? (Yes in or obout 21C. WHERE D office bidg., INJURY OCCU 21F. HOW DIT item body after de wending Med. 23D. ADDRESS 6702 PARK H	CRUZ CRUZ CRUZ OR NO) 20B. IF YES. W IN CERTIFYING ID (II In Bol R? (II In Bol R? (aur) ath. Shaff Phys. Shaff Phys.	VERE FINDINGS CONSIDERED CAUSES OF DEATH? Itimore City, give exact location) apinion death accurred on the cause of the control of the control of the cause of

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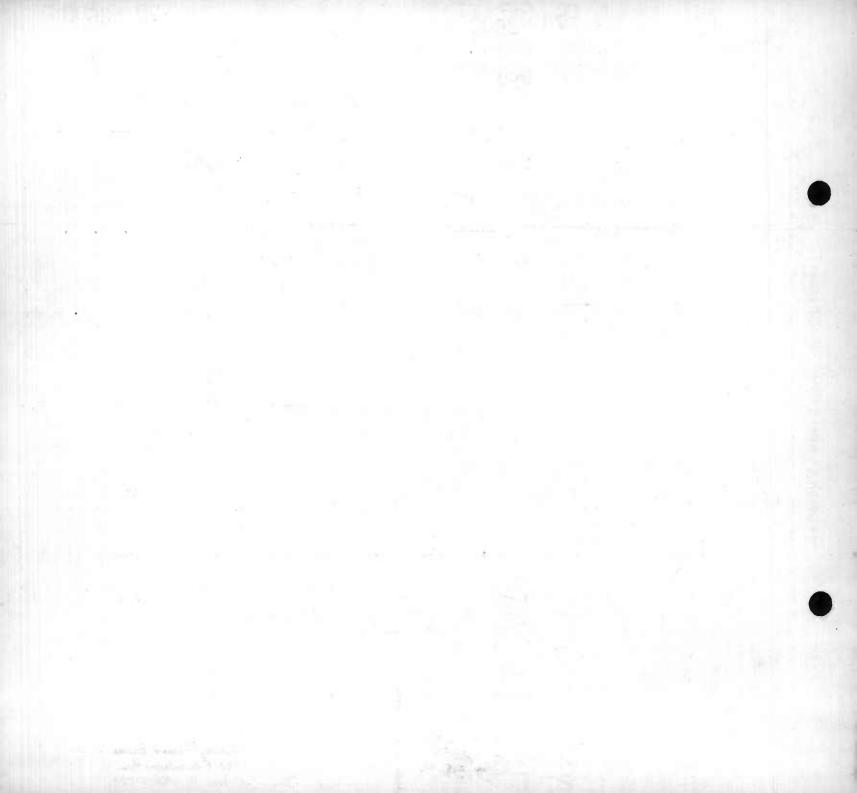
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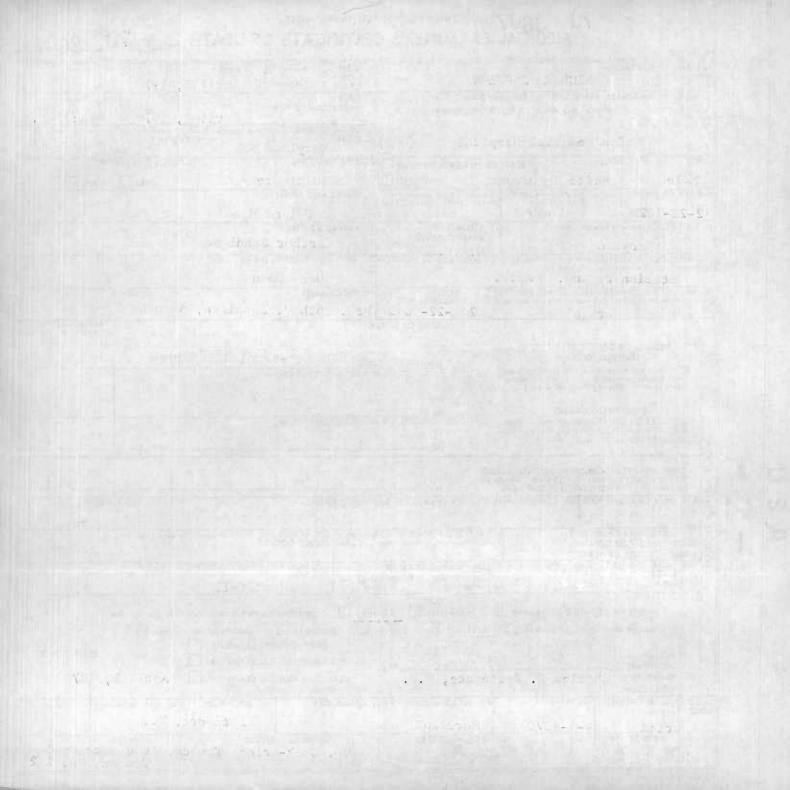
A Land State Control State Con

37-1-

BALTIMORE CI	TY HEALTH DEPARTMENT 70 3606				
BIRTH NO. 2 10 3606 CERTIFIC	ATE OF DEATH REG. NO. 70 3606				
1. NAME OF DECEASED / Cathering E. Clark	2. DATE AND HOUR OF DEATH				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)				
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	C. CITY OR JOWN D. INSIDE CITY LIMITS?				
11 4 thema Hos Pital	E STREET AND NUMBER.				
Raltimore Mary band	114 Melvin Loe,				
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.				
Temple White WIDOWED DIVORCED	1/27/90 80				
done during most of working life, even if retired)					
Housewife =====	Baltimore, Maryland U. S. A.				
Rudolph Sommerwerck	Mary Dimling				
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	1/1/0				
(Yes, no or unknown) (If yes, give wor or dotes of service) NO Yes	Leodore L. June Same as Sore				
18. 4 4. 5 Q1 CAUSE OF DEA	ATH BETWEEN ONSET AND DEATH				
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	Abiel phosilation				
(This does not mean the mode of dying, e.g., (A) IMMEDIATE C	AS A CONSEQUENCE OF:				
heorl failure, osthenia, etc. It means the disease, injury ar camplicolian which coused deoth.)	agreement				
ANTECEDENT CAUSES (8) + C	angrene st. jobt & lef.				
DISEASES OR CONDITIONS, if ony, giving DUE 10, OR rise to the obove cause (A) stating the	AS A CONSEQUENCE OF:				
UNDERLYING CONDITION losi. (C)					
z					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
U DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
RE C	9/8,				
OR CONTRIBUTING CAUSE OF home, form, loctory, street,	g., in or obout 21 C. WHERE DID (If In Boltimore City, give exact location)				
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not W	(hile -				
(APPROX.)	ork 🔲				
22. I certify that (I) (this haspital) ottended the deceased fram	1970 10 4 1 1970,				
that (1) (we) last saw the deceosed alive an 4 1/5 pm					
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.				
Attending Med. Shaff U/1/20					
23C. PHYSICIAN'S NAME (Type) PRATIMA BOSE M.)	23D. ADDRESS Luthern Hoppital				
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY or REMOVAL (Specify)					
Burial 4/4/70 Lorraine Par.	k Cemetery Baltimore Maryland [25C. FUNERAL DIRECTOR Starling Juneral Estate ADDRESS]				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR Starling Funeral Estate ADDRESS 1 736 Edmondson Ave.				
DI II O NIO SERVE OF LOND IN	Catonsville, Md. 21228				



VS 151-REV. 1/1/68



from

office

M.H

IMPORTANT

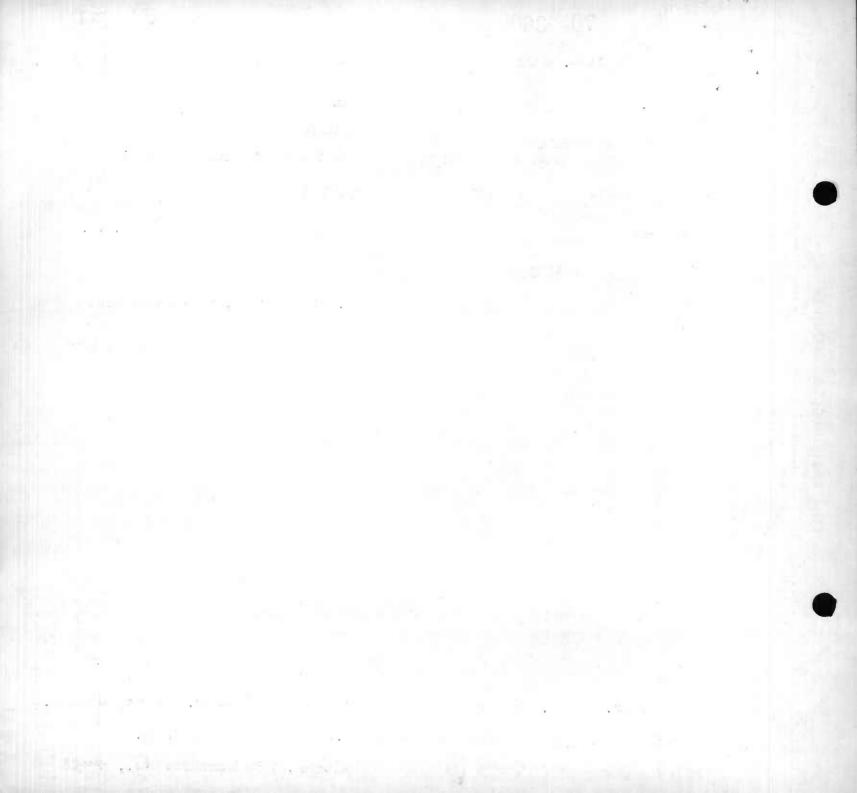
FUNERAL DIRECTOR:

3 - 1 - 1

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.

1/ 1/8/	1	0.0	ALTIMORE CITY	HEALTH DEPARTMENT	Y	20 0000
75-400	70 3	3609 c	ERTIFICA	TE OF DEATH	REG. NO	70 3609
NAME OF DE	CEASED			12. DATE	ND HOUR OF DEATH	
Type or Print)	Viola L. Ki	ehl			4/3/70	7:30a.
. PLACE IN BA	LTIMORE, MARYLAND, W		DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. If in	nstitution: residence before admissio
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, (SIVE STREET	Fla		V-08
NOITUTITZN				C. CITY OR TOWN	U. INS	YES NO
CIA	Hood Nursin	o Home		E. STREET AND NUMBER		TES [] NO []
70		t North Bene	d Roadm	1411 Virgin	ia Drive (3	32803)
. SEX	6. RACE	7. MARRIED NEV	ER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months! Doys Hours Min.
Female	White	WIDOWED	DIVORCED	9/7/1897	72	
	CUPATION (Give kind of world working life, even if retired)	10B. KIND OF BUSINE	SS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNT
Retire				Pennsylvania		U.S.A.
3. FATHER'S NA		1		14. MOTHER'S MAIDEN N	AME	
: W 5	Eitir			17 1150014 (117		ADDOGG
	n) (If yes, give wor or dote		CURITY NO.	17. INFORMANT		ADDRESS
no	Contract of the second			Mr. Edwin Eit	ing. 50 Hill	lvale Road
1B. / 6 -	291	С	AUSE OF DEAT		0,7	APPROXIMATE INTERVAL
DISE	ASE OR CONDITION DI	RECTLY		on all		
	LEADING TO DEATH		ANIMMEDIATE CAL	JSE GA OF	PANCRE	AS 5 MONTA
	nol mean the mode of	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:		
	, osthenio, etc. Il meons implication which coused					
rise lo I	OR CONDITIONS, if he obove couse (A) IG CONDITION last.	slating the		A CONSEQUENCE OF:		
UNDERLIIF		((C)			
TO THE DE	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T	HE TERMINAL				
	OF OPERATION 19B. CON WAS PER	DITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRI	ENT WAS UNDERLYING DESTRICTION CAUSE OF fy medical examiner	21B. PLACE home, form, etc.)	OF INJURY (e.g., i factory, street, o	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimo	re City, give exact location)
21 D. TIME	(Month) (Doy) (Year)	IHour) 21E. INJURY	OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
OF INJURY		While At	Not Whil			
		Work L	At Work	7/2/1	72	11/12 11
22. I certif	y that (1) (this haspita	I) attended the dece	osed from	3/29	19/6 to	7/2 19:10
that (I) (we) last saw the decease	ed alive an	4/2	19 / O ond	that in (my) (aur) op	Inton death occurred on the d
ond haur o	nd from the causes sta	ted obave. (1) (We)	(did) (did not)	view the body after death		
23A. SIGNAT	Λ.		(23 B. DATE SIGNED /
	Presell 10	2011/1		ending Med.	Staff	11/2/7
23C. PHYSIC	ANS 9	Drid an	OEGREE Phy	23D. ADDRESS	Phys.	7/0/10
NAME	(Type)	0			T 1	///
	Dr. Paul R.	Ziegler	DEGREE	200 Chestnut	Hill Dr. El	licott City, Md.
4A. BURIAL CE REMOVAL	EMATION, 248. DATE	24C. NAME of	CEMETERY OF CR			City, town, or county) (State)
	1/1/19	Fernwoo	d Cemeter	v Co.	niladelphia,	Pa.
SA. DATE REC	D BY HEALTH DEPT	258 NAME OF REGIS		25C. FUNERAL DIRECTO		ADDRESS
ann C	1000 3 A A I	7. 7. 10 10 13				
	The state of the	Was God PK		143 + 61-0 16	TO Edmondeon	Ave. 21228
HLKO	BU Tricks	LANGE WA	. 0 . 1	Witzke, 16	30 Edmondson	Ave., 21228



1	M-60	5 70 3	040	BALTIMORE CITY	HEALTH DEPARTMENT		70 3610
BIE	RIH No.	2 10 3	610	CERTIFICA	TE OF DEATH	REG. NO	10 2010
1,1	NAME OF DECE				2. DATE ANI	HOUR OF DEATH	
_		Moore,			A	pril 2, 19	70 1:15 p.
3.	PLACE IN BALT	IMORE MARYLAND,			A. STATE B. COUNT	deceased lived. If in	stitution: residence before admis
H	ILL NAME OF OSPITAL OR STITUTION			TUTION, GIVE STREET	Marylan c. city or town	D. INSI	DE CITY LIMITS?
	20	Provident			Baltime	ore	YES NO
,	27	1514 Divis:			E. STREET AND NUMBER		
_	/	Baltimore,			516 Mcl	Mechen Str	eet
5.	Male	6. RACE Negro	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	ost birthdoy) 72	If Under 1 Yr. If Under 24 Months Doys Hours Mi
10/	USUAL OCCU	PATION (Give kind of wor	k 108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreig	n country)	12. CITIZEN OF WHAT COUR
	Unemplo				Maryland		U. S. A.
13.	FATHER'S NAM	ie.		?	14. MOTHER'S MAIDEN NAM	NE .	?
5.	Was Deceased	Ever in U. S. Armed Fo (If yes, give wor or do!	ices?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	s,no of unknown)	ur yes, give wor or don	es of servicer	SECURITY NO.	Mrs. Margaret	Bowens - 1	andlady - Same
7	18. 5 7	.01		CAUSE OF DEAT	1		APPROXIMATE INTERV
	DISEASI	OR CONDITION D	RECTLY		21		BETWEEN ONSET AND D
	and the second	EADING TO DEATH		(A) IMMEDIATE CAU	SE HPRATUCE C	DHQ/	3
	(This does not heart lailure, o	ol mean the mode of isthenia, etc. It means	dying, e.g.	DUE TO OR AC	CONSEQUENCE OF:		***************************************
	injury or comp	licolion which coused	death.)		1	- 1/1	Pr 1
	A	NTECEDENT CAUSES	S	(0)	CUVVNUQUE	5 of the	Liver?
	DISEASES OF	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	f	7
	rise to the	above cause (A)	stoting the		Micolanda	DM)	
	- CHECKETHO	CONDITION 1036		(C)	0.00000		
ATION	TO THE DEATH	CANT CONDITIONS CO BUT NOT RELATED TO TO NOTITION GIVEN IN PAI	THE TERMINAL	Bleeds	ug Esopha	geal Va	rricea
ERTIFIC/		OPERATION 198 CONWAS PER	IDITION FOR	WHICH OPERATION	NO	208 IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
CAL CE	21 A. A CCIDENTOR CONTRIBUTE DEATH (notify	WAS UNDERLYING CAUSE OF	211 hor elc	ne, form, fociory, street, of	or about 21 C. WHERE DID	(If In Battimore	e City, give exoct locotion)
MEDI		(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
ξ	(APPROX)		W	nite At Not While	0		
	22. I certify t	hat (I) (this hospita	l) attended t	he deceased from 4	-1-70 19	to+=	2-70
		ast saw the deceas			19and that	t in (mv) (aur) opin	nion death occurred on the
		/			lew the body after death.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	23A. SIGNATUR		4	17 (110) (ulu) (ulu 1101) ¥	iew file body difer dedin.		23B, DATE SIGNED
			W/and	Alle	nding [] Med. [S	toff []	T. Control of the con
	23C. PHYSICIAN		Helly	GEGREE Phys	. U Director L P	hys. 🔯	4-2-70
	23C. PHYSICIAN NAME (Ty	o el	G. 76	1661	3D. ADDRESS Provid 1514 Division S	ent Hospit t Balti	
24/	BURIAL CREW		24C. N	AME of CEMETERY OF CRE			y, town, or county) (State
B	uffatt (S	4/6/7	70 I	IT Auburn C		altimore	Md
25/	WDATE REC'D	HEALTH DEPT.	258 NAME	OF-REGISTRAR			
	APR 6	1970 Res	E. Jabe		25 Adolphus h	alstead I	206 W Morth A
10	150-REV- 1/1/A						





IMPORTANT

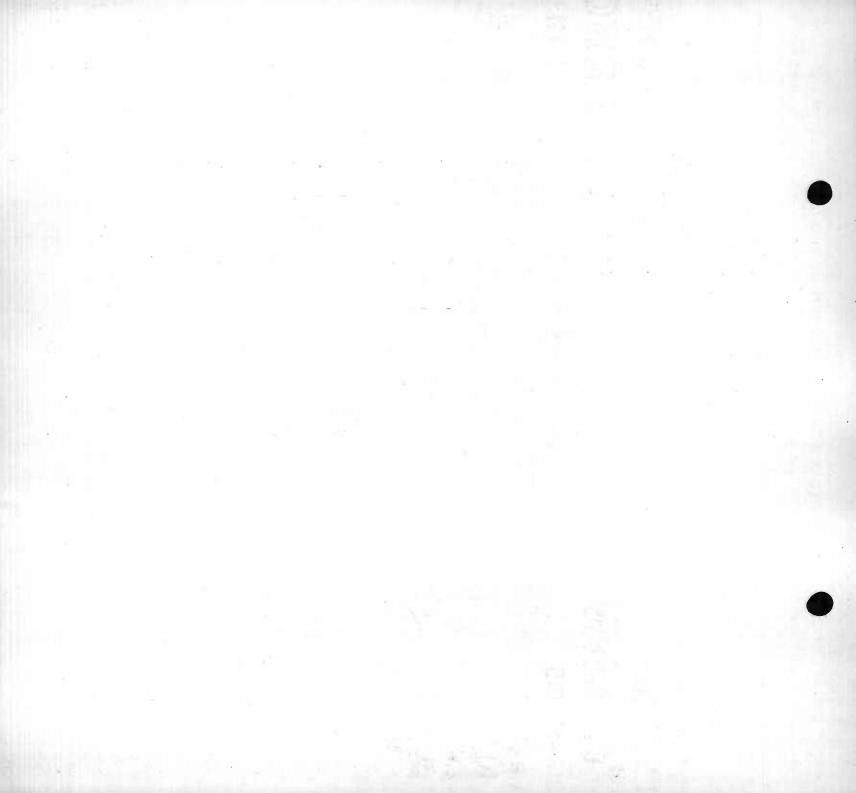
DIRECTOR:

FUNERAL



IMPORTANT

FUNERAL DIRECTOR:

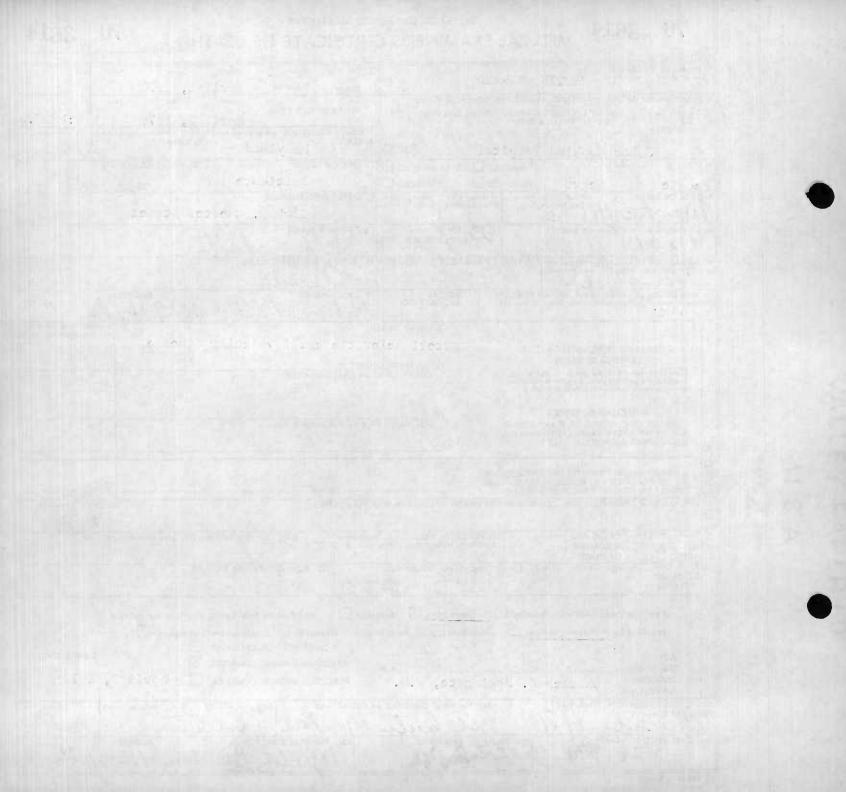


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BALTIMORE CITY HEALTH DEPARTMENT

1-10		
70	361	1
10	OOT	2

BIRTH NO.	CERTIFICATE OF DEATH REG. NO.	10 2011
1. NAME OF DECEASED (Type or Print) LATTE HARRES	2. DATE Known K Manth Day	Year Hour
MAILLE IMMILE	DEATH Estimoted April 1, 1970	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Doy PRONOUNCED DEAD	Yeor Hour
HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	April 1, 1970	9:28 P.M.
	5. USUAL RESIDENCE (Where deceased lived, Il Institution: IA. STATE B. COUNTY	residence before admission)
Johns Hopkins Hospital (DOA)	Maryland	807
MARKIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
Female Negro WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In yeors if Under Yr, Under 24 Hrs.	Baltimore YES E. STREET AND NUMBER	NOL
Months : Doys : Hours : Min.	1302 N. Chester Street	
11. BIRTHPLACE (State or Coreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Total Malma (WHAT COUNTRY?	July Salleral	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired)	Consolor	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT	ORESS, A
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	Patricia McCay -2009 N	leftmentt.
19. 4 1 0 4 CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteriosc1	erotic cardiovascular disease	DETWEEN ONSET AND DEATH
LEADING TO DEATH (A)IMMEDIATE (AUSE	
(This does not meon the mode of dying, e.g., heart failure, osthenia, etc., it meons the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:	
injuly of complication which coused deom.)		
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:	THE RELIGION OF THE
Z ONDERLING CONDITION EASI. (C)		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O TO THE DEATH BUT NOT BELATED TO THE TERMINAL		
O TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
0		No
Z22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 228. PLACE OF INJURY (e.g., home, form, foctory, street, offic	in or about 22C, WHERE DID (II in Boltimore City, give exact bldg,, etc.) INJURY OCCUR?	lacation)
☐ UTING ☐ CAUSE OF DEATH.	soldg, etc.) hybori occorr	
OF INTURY	22F. HOW DID INJURY OCCUR?	
(APPROX.) MHILE AT NOT AT W	WHILE ORK	
	topsy and that an this basis, death in my ap	lnlan
resulted from: Natural causes K Accident Suicid		
ACTUAL () ()	ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
SIGNATURE M.D. EXAMINER'S Charles C Contracto M.D.		1 2, 1970
NAME (Type) Charles 5. Springace, 11.0.		1 2, 1770
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, o	r county) (State)
Durial 4/4/11 achuta	Memfall allutus	mo-
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADD	RESS
APH & 13/4 Valent E, James, A.D.	Milton Elickson-1	12971 Carolin
VS 151-REV. 1/1/68		



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BALTIMORE CITY HEALTH DEPARTMENT 3615 REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Elliott J. Wilson 4/1/70 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES X Baltimore NO Lutheran Hospital E. STREET AND NUMBER 2906 Windsor Avenue B. DATE OF BIRTH 9. AGE (In years 5. SEX 6. RACE If Under 1 Yr. Months: Days If Under 24 Hrs. MARRIED X NEVER MARRIED lost birthdoy Hours 6/13/88 Male Negro WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired USA Waiter - B & O South Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fred Wilson Clariss ? 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dates of service) 17. INFORMANT ADDRESS 1 6. SOCIAL SECURITY NO. Mrs. Laura Wilson 2906 Windsor Avenue No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY TOVASCULAR LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES IO, OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if any, giving la the abave cause (A) stating the UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) DEATH (notify medical examiner) MEDIC 21 D. TIME OF INJURY (Hour) 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) 21E. INJURY OCCURRED While Al Not While (APPROX.) Work At Work 22. I certify that (1) this hospital) attended the deceased fram 0 that (1) (we) last sow the deceased alive an 19 ... and that In (my) (aur) apinion deoth occurred an the dote and haur and fram the causes stated above. (We) (did)(did not) view the bady after death. Attending D Med. Staff Phys. Director L PHYSICIAN'S 23D. ADDRESS NAME (Type) Balt. Md. 21217 Pichard F. T.

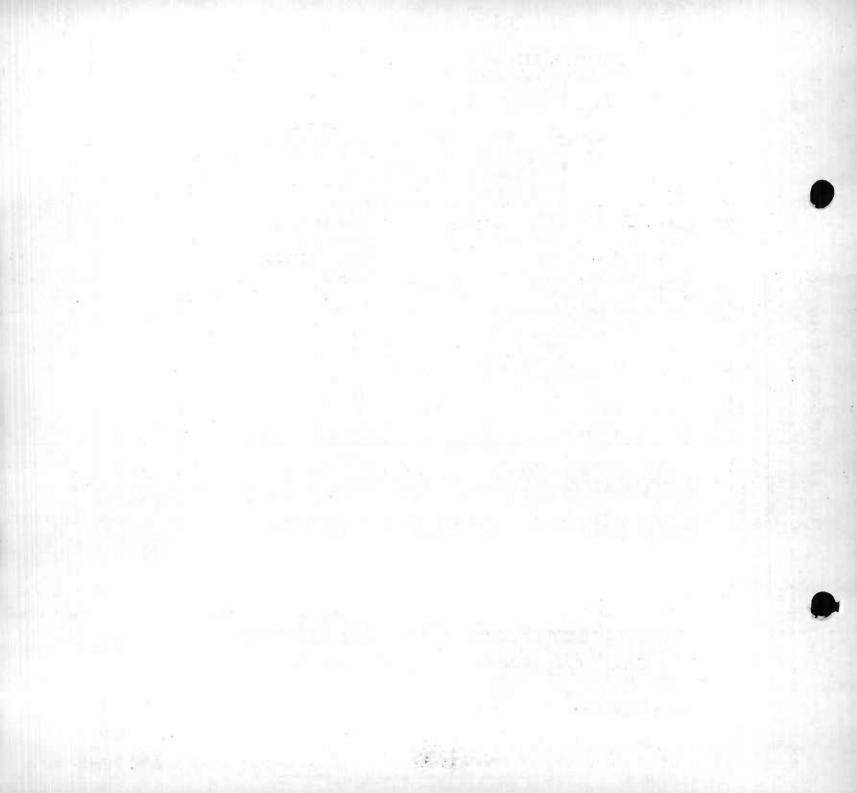
24A. BURIAL CREMATION, 24B. DATE
REMOVAL (Specify) Tyson GEGREE 24C. NAME of CEMETERY OF CREMATORY written Baltimore Co., Maryland 4/6/70 Arbutus Memorial Park Burial 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

3035 W. North Avenue

Nutter Funeral Home

VS 150-REV. 1/1/6B

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DIRECTOR:

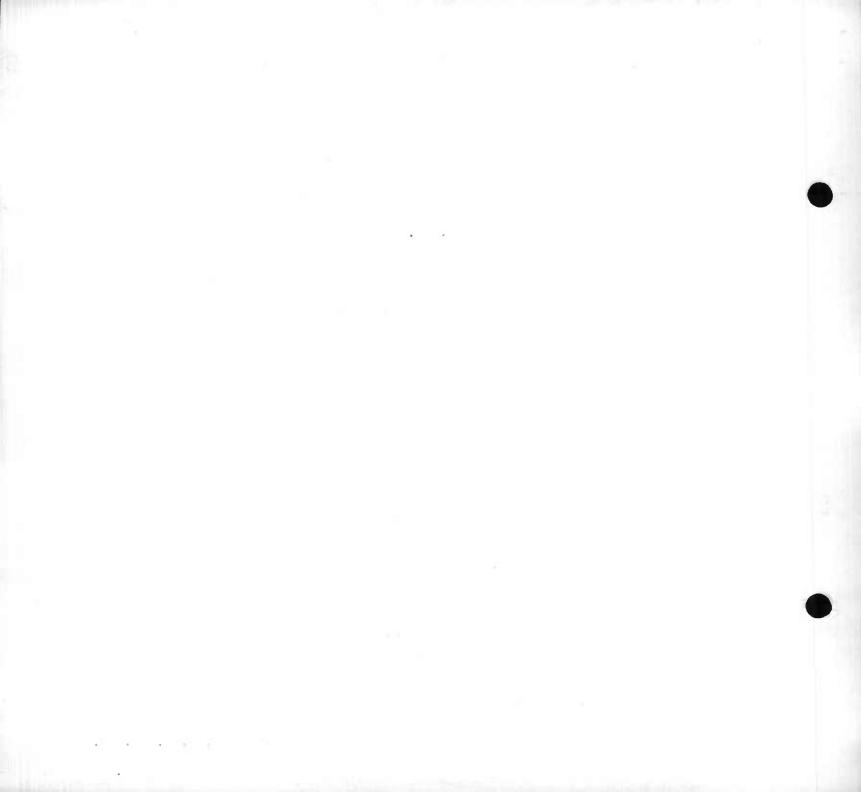
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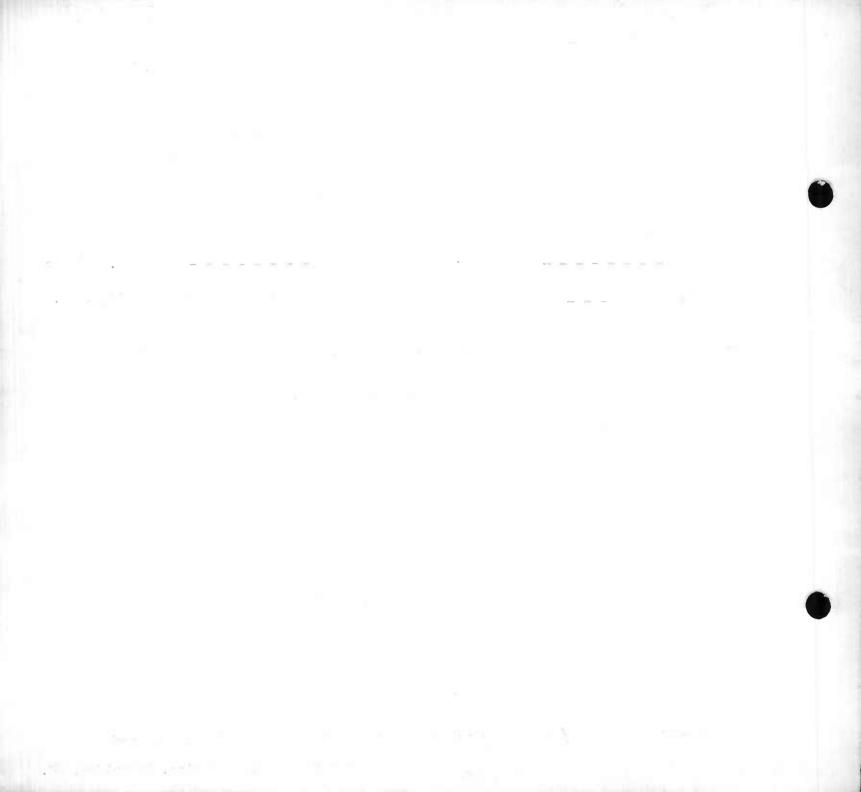




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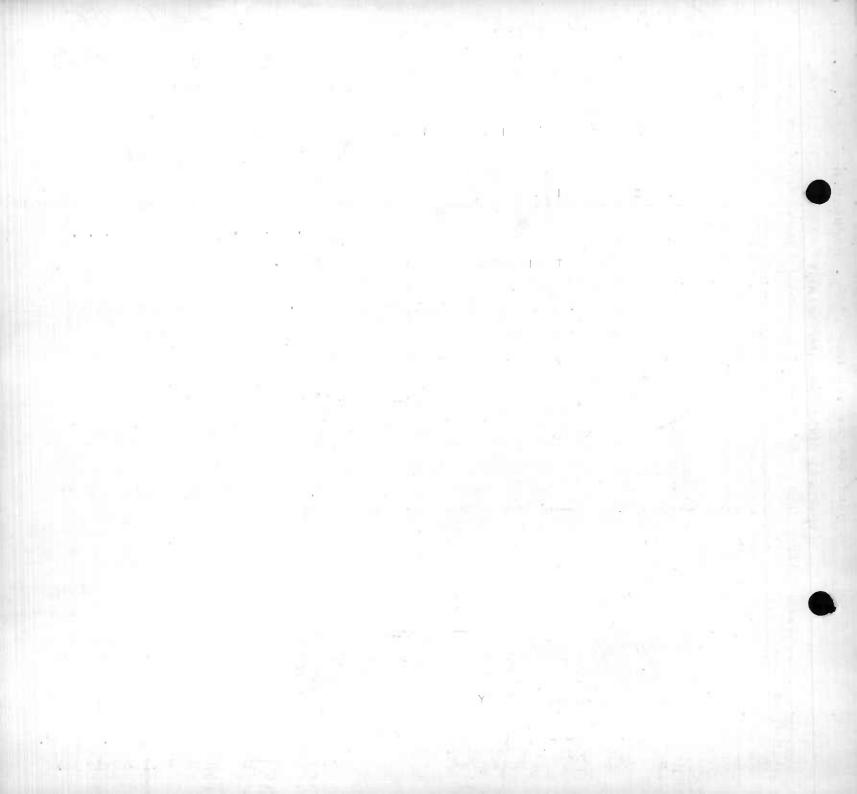
	BALTIMORE CITY	HEALTH DEPARTMENT			
C'-450 70 3618	CERTIFICA	TE OF DEATH	REG. NO	70	3618
1. NAME OF DECEASED (Type or Print) MR EDWARD A	. CLŮNEY		HOUR OF DEATH		9.30P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN		4. USUAL RESIDENCE (Where A. STAJE B. COUNT)	deceased lived. Il in	stitution: resido	nco before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT	NON CIVE STREET	M.J.		1	001
HOSPITAL OR ADDRESS OR LOCATION)	ION, GIVE SIKEEL	C. CITY OR TOWN	In INS	IDE CITY LIMITS	306
	# 1mt 4m .	Baltimore		YES A	NO
BON SECOURS MOSPI	IAL	E. STREET AND NUMBER	1 . 1	12024	
4		1 North H	HON STA	Poot.	
SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In yours	If Under 1 T Months: Doy	r. , Il Under 24 Hr
MALE WHITE WIDOWED	DIVORCED	04/18/99 "	st birthdoy)	Months Doy	s Hours Min.
DA, USUAL OCCUPATION (Give kind of work 108, KIND OF B	USINESS OR INDUSTRE	11. BIRTHPLACE (State or Coreign	country)	12. CITIZEN	OF WHAT COUNT
lone during most of working life, even it retired) Meter Reader Gas & F	Elec. Co.	Manulas	/	110	2 1
3. FATHER'S NAME	TEC OO .	14. MOTHER'S, MAIDEN NAMI		10.0	S.A.
01 1111		// MOTHER 3, MAIDEN NAME	41		
Cluney, Kibert J.		194CS, 1	lary		
res, no or unknown! (III yes, give wor or dates of service!	6. SOCIAL SECURITY NO.	17. INFORMANE	1	ADI	DRESS
No .	212 05 2836	Homiss!	W. She	of	
18. / 5 0 X	CAUSE OF DEATH	1	IN NITTEE		PROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWI	EEN ONSET AND DEA
LEADING TO DEATH	(A) IMMEDIATE CAU	st Carcinoma	esosse	vagua 3	-4 week
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		CONSEQUENCE OF:			
injury or camplication which caused death.)	and	pardia A	stomack		
ANTECEDENT CAUSES	my	carries of	, ,		
DISEASES OR CONDITIONS, it any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	***********		
rise to the above cause (A) stating the UNDERLYING CONDITION last.				l.	
The second secon	(c)				***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	************************				
19A. DATE OF OPERATION 198 CONDITION FOR WH	IICH OPERATION	20A. AUTOPST? (Yes or Nol	20B. IF YES, WERE	FINDINGS CON	ISIDERED
3/31/70 WAS PERFORMED	ch4 Exphasu	S NO	IN CERTIFYING CA	USES OF DEAT	H?
		or obout 21 C. WHERE DID	(II In Boltimor	e City, give exe	ct locotion)
DEATH (notify medical examiner)	tarm, toctory, street, ou	ice plag., INJURY OCCUR?			
21D-TIME (Month) (Doy) (Teor) (Hour) 21E IN	NJURY OCCURRED	21F. HOW DID INJUR	T OCCUP?		
OF INJURY (APPROX) While			i occor:		
Work	L At Work				5 C
22. I certify that (1) (this hospital) attended the		3/19/19	7.0 to	4/3	19.70
that (1) (wa) tast saw the decembed alt.	4 3	/	in (my) (aur) api	nian death ac	curred an the da
that (i) (we) last saw the deceased alive an			•		
	We) (did) (did not) vi	ew the body after death.			
and haur and from the causes stated obove. (1) ((We) (did) (did not) vi	ew the body after death.		23B, DATE SIG	NED
and have and from the causes stated obove. (1) (M.D Atten	ding Med. Sh		23B, DATE SIG	1
and haur and from the causes stated obove. (1) (23A. SIGNATURE Organization 23C. PHYSICIAN'S	M . D DEGREE Atten	ding Med. Sh	off.	23B. DATE SIG	70 ·
and haur and from the causes stated obove. (1) (23A. SIGNATURE OFFICIAN'S NAME (Typo)	M DEGREE After	ding Med. Sh		238. DATE SIG	1
and haur and from the causes stated obove. (1) (23A. SIGNATURE YOUR VATURY 23C. PHYSICIAN'S NAME (Typo) VON GVATUNYU	M.D. Atten Phys. M.D. DEGREE	Adding Med. She Ph Bon Score	ns Noyri	4 /3	170.
and haur and from the causes stated obove. (1) (23A. SIGNATURE PARTY TO THE STATE OF THE STAT	M.D. Atten	Boy Scar	ns Noyri	23B, DATE SIG	170.
and hour and from the causes stated obove. (1) (23A. SIGNATURE POR VATURY 23C. PHYSICIAN'S NAME (Typo) VONGVATURY 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) Burial 4770	M.D. Atten Phys. M.D. DEGREE	Adding Med. She Ph Bou Scov MATORT 24D, LOC	NS Noymation (Cit	tal	170 .
and haur and from the causes stated obove. (1) (23A. SIGNATURE Para Vatury 23C. PHYSICIAN'S NAME (Typo) VON GVATUNYU 4A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specily)	M.D. Attended Physics of Cress Registrak	Adding Med. She Ph Bou Scov MATORT 24D, LOC	ns Noyri	4 3 tal y. 10wn, or cou	170 .



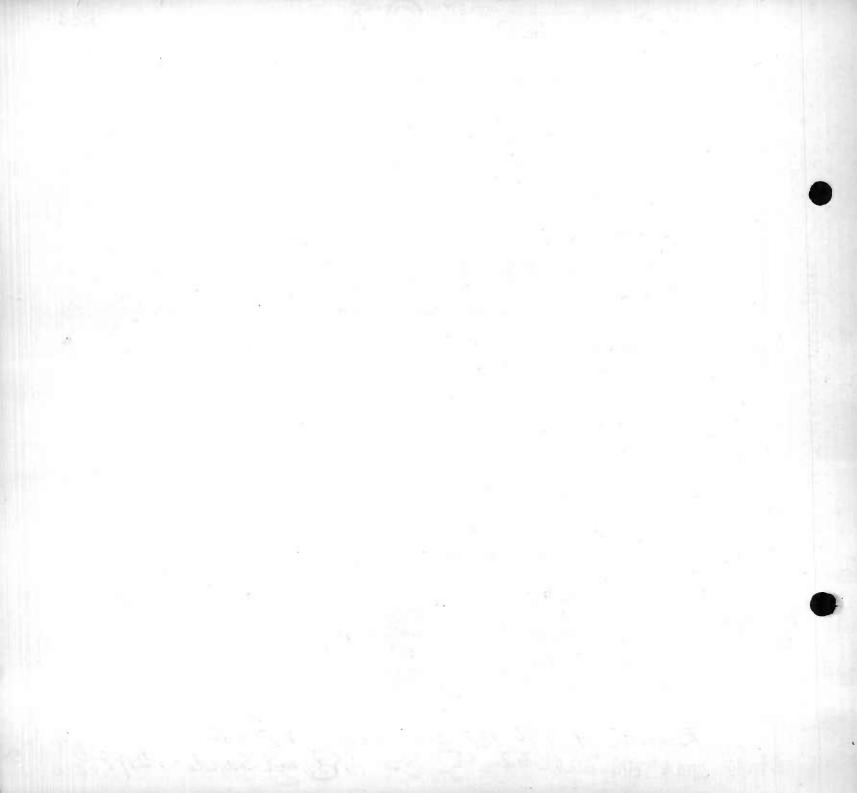


2 .110	100	3620	BALTIMORE CIT	Y HEALTH DEPARTMEN	X	1210
D-410	10	200	CERTIFICA	ATE OF DEATH	H REG. NO.	70 3620
1. NAME OF DE (Type or Print)		AUCH		2. DATE	AND HOUR OF DEATH	A
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOU	INCED DEAD	4. USUAL RESIDENCE		nstitution: residence befare admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	MARYDAND c. CITY OR TOWN	ALLEGAN	Y 5/00
	HOPKINS HO	SPITI	AL	MIDLAND E. STREET AND NUMBE	ER .	YES NO X
33			112 beautiful	NONE		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. It Under 24 Hrs. Manths: Days Haurs Min.
MAIL	CAUCASION	WIDOWED	DIVORCED _	9-3-60	9	
	CUPATION (Give kind of work f working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY
school	404			MARYLANI		U.S.A.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN		010111
RA	YMOND BLUBA	UGH		ERMA GALL	AGHER	
5. Was Decease	d Ever in U. S. Armed Far	ces?	1 6. SOCIAL	17. INFORMANT	AUTEN	ADDRESS.
97 4	n) (If yes, give war ar date	s of service)	SECURITY NO.	TO ATTIMONIO	m DITTDATIO	21542
N.A.	N.A.		NONE CAUSE OF DEA	MR. RAYMOND	T. BLUBAUG	H, MIDLAND, MD.
OTHER SIGNI TO THE DEA DISEASE OR	IFICANT CONDITION S CONDITION GIVEN IN PAR FOR OPERATION S CONDITIONS CONDITION GIVEN IN PAR FOR OPERATION S TO PERATION S PER IN PAR	NTRIBUTING HE TERMINAL IT I (A). DITION FOR W	(C)	ARROW F ARTERIT 20A. AUTOPSY? (Yes. o		FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCID	ENT WAS UNDERLYING	3 218	DI ACE OF INITIBY (o. c.	is as about 21.0 WHERE DI		
OR CONTRIB	uting Cause Of y medical examiner	b hame	e, tarm, toctory, street,	in ar about 21C. WHERE DI office bldg., INJURY OCCU	R?	ire City, give exact lacation)
OF INJURY	(Manth) (Day) (Year)	(Haur) 21E.	INJURY OCCURRED		INJURY OCCUR?	
(APPROX.)		Whil	le At Wat At Work		111-111	
22. I certif	y that (1) (this haspital) ottended th	e dedeased from	TALLINEU	19 10 to	RESENT 19
) lost sow the deceose		4110	1970 00		inlon death occurred on the do
	nd from the couses stat			view the body ofter dea		Third desire decorred on the do
23A. NGNAT	Valo	e		Nending Med.	Shaff Phys.	23B. DAYE SIGNED
		ALLE	DEGRE	THE JOHNS	S HOPKINS H	OSPITAL
24A. BURIAL CR	EMATION, 248. DATE	24C. NA	ME of CEMETERY OF C	REMATORY 24	D. LOCATION (C	City, tawn, or county) (State)
BURIA		FRO	STBURG MEM	DADY	PACEMPTER A.	LI ECLANO MADEL ANY
	D BY HEALTH DERT.	268. NAME Q		255 JUNERAL DIREC		LLEGANY, MARYLANI FER-SOWERS' FUN-
APP R	Beef E.	Janoen .	64	M. DOLLARI	SOWERS, TA	ME.60 W. MAIN
/5 T50-REV. 1/1	/68					BURG

ALL MESTAL BURY tergradual and maked SAME OF THE SAME AND ASSETS OF THE SAME OF and the same of th and sever profession 11.23 St. 12.35



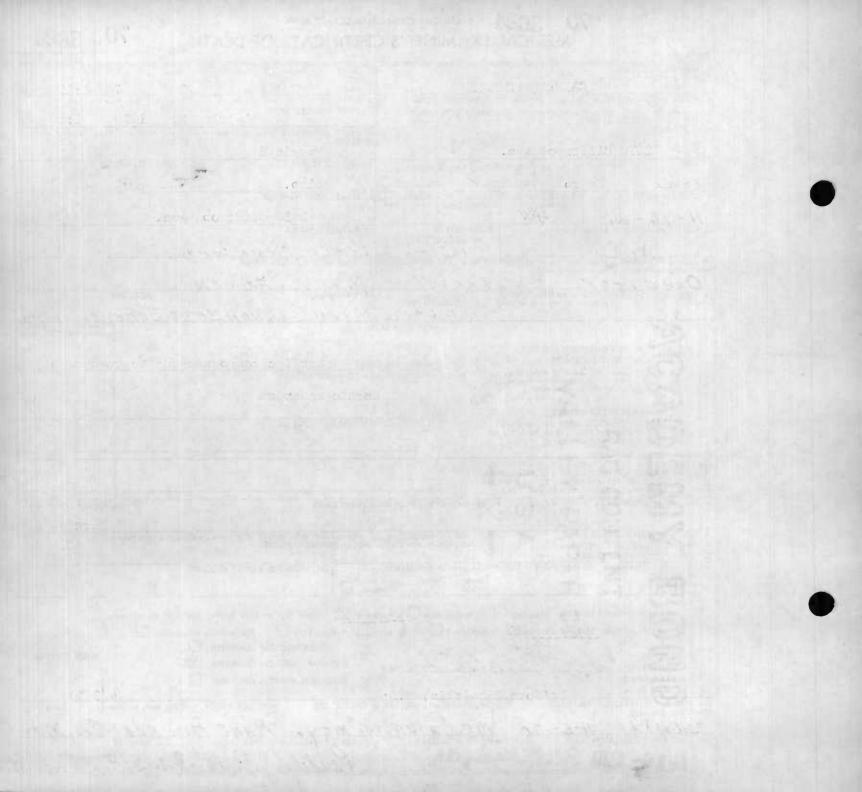
0 1	BALTIMORE CITY	HEALTH DEPARTMENT	1940	2000
BIRTH NO. 50 70 3622	CERTIFICA	TE OF DEATH	REG. NO. 70	3622
I, NAME OF DECEASED		2. DATE AND H	OUR OF DEATH	
Type or Print) - 10	04: 5		15+ 1970	12.09a. M
BROWN WILLI	AM E.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUNTY	eceosed lived. If institution:	residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	MD. 21229,	Ø.	000/
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CITY	LIMITS?
Lutheran Hospil	tal .	Baltimore.	YES	□ NO□
1/1430 Ashburton St				
Baltimore.		E. SIREET AND NOMBER 5	IG N. Denn	ison St.
SEX 6. RACE 7. MAR	RIED NEVER MARRIED		GE (In years If Und birthday) Month	der 1 Yr. If Under 24 Hrs. si Doys Hours Min.
M. C WIDO	WED DIVORCED	3.20.1910.	60	
OA. USUAL OCCUPATION (Give kind of work 10B. KIN			Country) 12 CI	TIZEN OF WHAT COUNTRY
lane during most of working life, even if retired)	D OF BOSINESS OF INDOSIKI		. Connry)	IZEN OF WHAT COUNTRY
	-	Va.		U.S.
Unemployed since 1931		14 110-115-10 1111-115		
3. FATHER'S NAME	Pre, 1	14. MOTHER'S MAIDEN NAME	Alren.	
Your CA, Or	Cy	CX COUL	0000	
S. Was Deceased Ever in U.S. Armed Forces? Yes, no o unknown) (If yes, give wor or dates of serv	rice) 1/6. SOCIAL SECURITY NO.	17. INFORMANT	*	ADDRESS
, c., give way or sales of sell	SECORITI NO.	Molet E. BHI	100 516 D	Eneson St
18436,91	CAUSE OF DEAT	1	9011 911	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH		SE Cerebro Vasci	Mar Accident	3.28.70
(This does not meon the mode of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	7107	
heart foilure, osthenio, etc. It means the dis-	eose,	A CONSEQUENCE OF:		
injury or complication which coused death,)				
ANTECEDENT CAUSES				4.1.70.
ANTECEDENT CAUSES	(B)	4		4. 1. 10.
DISEASES OR CONDITIONS, if ony, g	iving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obove couse (A) stoting	the			
UNDERLYING CONDITION lost.	(c)			
11				+
Z ONITRIBUTE	11.10			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	NAI	-		
O THE DEATH BUT NOT RELATED TO THE TERMINAL PART 1 (A).	NAL			
		20A. AUTOPSY? (Yes or No) 20	B. IF YES, WERE FINDING	S CONSIDERED
19A-DATE OF OPERATION NAS PERFORMED		0. A	N CERTIFYING CAUSES OF	F DEATH?
<u> </u>	1	140		
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i	fice bldg. INTURY OCCUR?	(If in Boltimore City, g	rive exact location)
DEATH (notify medical examiner)	etc.)	nee siege, ittookt occor.		
U .				
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
S OF INJURI	While At Not While	e 🗂		
(APPROX.)	Work At Work			
22 1	1-1-1-111 3	8 H March 107	10 to IST AP	10 10 11
22. I certify that (M) (this hospital) attended	ded the deceased fram	316 1-10/ 60 197		
that (1) (we) lost sow the deceased alive	on 3131. March	1970 and that i	n(my) (our) opinion de	oth occurred an the dot
and hour and from the causes stated abo	ve. (1) (\(did \) (did \(not \) \	iew the body after deoth.		
23A. SIGNATURE			23 B. D.	ATE SIGNED
	A Z AH	nding - Med - Stell	4 50	S+ 0 - 1
1. Li nanes	M DEGREE Phy	nding Med. Stafes. Director Physics	s. 🔰	April 70.
23C. PHYSICIAN'S	DEGREE			
P. G. NANES		230. ADDRESS Rulhera		
P. L. nanes 23C. PHYSICIAN'S NAME (Type) P. G. NANES	. M.D.	ashbur	An Stil	3altimore.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR	MATORY 24D. LOCA	City, town	or county) (State)
Bure 60 11-4-70	M+ MILYE	401 / Em Th 111	1/5	MA
Durial 4-110	III wull	un un sice	.00	1/100
25A. DATE REC'D BY HEALTH DEPT.	ME GE AEGISTRAR	25C TUNERAL DIRECTOR	1 4	M CADDRESS / C
ADR 6 1970 Police E. Naus	See Print	Kaymon-SI	indere 21	17 Hapata
WAKE D STO COOK and	-	TO THE TO	1100000	- VICEUNON
VS 150-REV. 1/1/68				

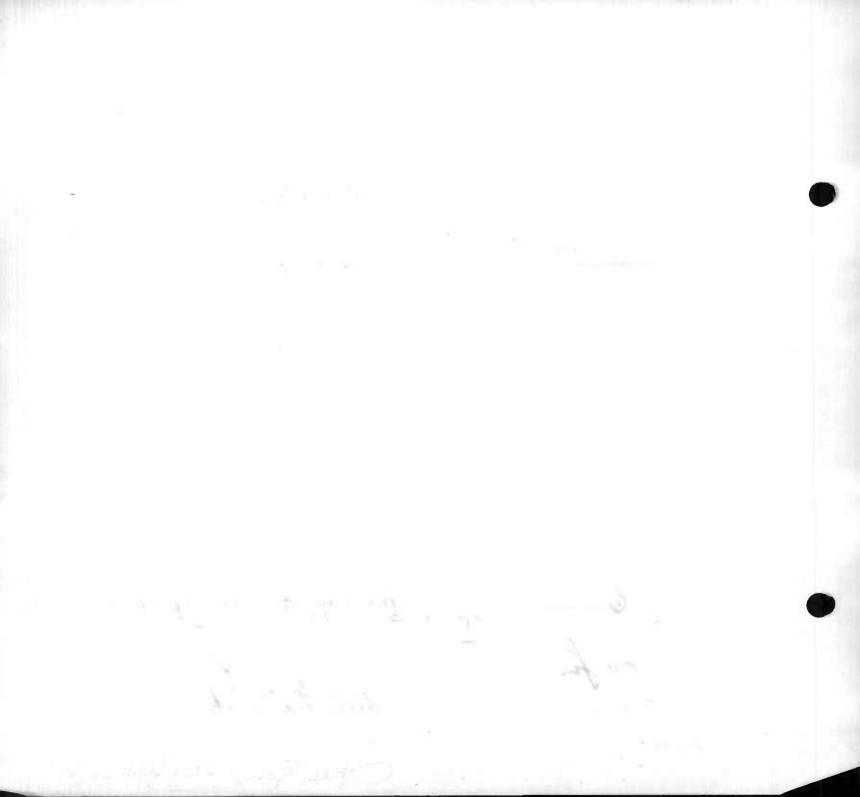


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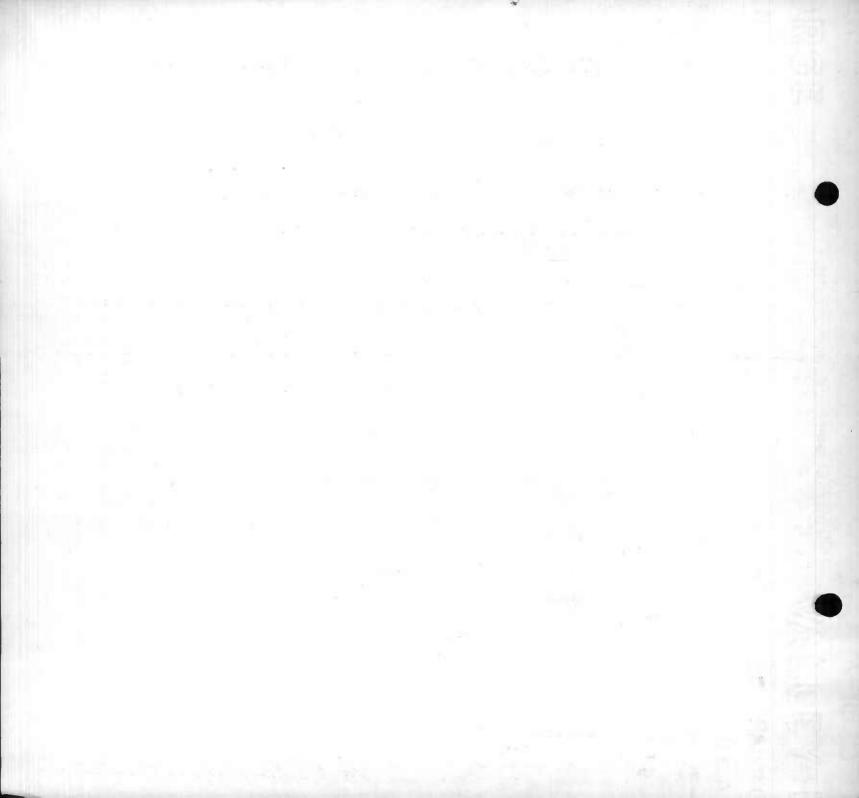
5.26 4 - 1. - 2

N-165 70 3624 BALTIMORE CITY HEA MEDICAL EXAMINER'S C	EDITIFICATE OF DEATH 70 3624
BIRTH NO.	REG. NO.
I. NAME OF DECEASED	2. DATE Known Month Day Year Hnur
(Type or Print) GAYNELL NEWBORN	OF Estimoted / 2 70 7 10
	3. DATE Manth Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD Apirl 2, 1970 1:10 p.m.
OD INTERPOLITION	5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
O O 2130 Cliftwood Ave.	A. STATE B. COUNTY
	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
MAKKIED NEVER MARRIED	
Female Negro WIDOWED DIVORCED D. 9. DATE OF BIRTH 10. AGE (In years H Under 1 Yr. 11 Under 24 Hrs.	Balto. YES NO
lost birthday) Months Days Hours Min.	E. STREET AND NUMBER
11-16-21 48	2130 Cliftwood Ave.
11. BIRTHPLACE(State or loreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
NIC: ZUSIA.	Peter Rounding
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during mast of working lile, even if rejired)	15. MOTHER'S MAIDEN NAME
Openator Factory	Many Campu
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT ADDRESS
(Yes, na ar unknown) (If yes, give war or doles of service) SECURITY NO.	MONI PARA E ENLOSIE
19. CAUSE OF DEAT	H APPROXIMATE INTERVAL
74117	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., (A)IMMEDIATE CA	AUSE Cardiac tamponade due to rupture of S A CONSEQUENCE OF:
heart failure, osthenia, etc. It means the disease, injury ar complication which caused deoth.)	o A consequence or:
8	nortic aneurysm
ANTECEDENT CAUSES (8)	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I UNDESCRING CONDITION LAST.	
CC) (C) (I) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	S PERFORMED 21. AUTOPSY? (Yes or Na)
0 2	Double1 VEC
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in	n ar obout 22C. WHERE DID (If In Baltimore City, give exoct locotion)
UNDERLYING OR CONTRIB.	bldg., eic.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT INDIV	
23.	
I certify that I held an Inquiry Inspection Pauto	
resulted fram: Natural causes XX Accident Suicide	Hamicide Undetermined manner
ACTUAL AND OR.	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER XX
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) 1 Sidore Mihalakis M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY o	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY O	4/3/70
REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) 1311 1 4-5-70 Mt (3/42)	or CREMATORY 24D. LOCATION (City, town, or county) (Stole)
BUNIAL (Specify) BUNIAL H-5- 70 Mt. Calvay 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	TO CREMATORY 24D. LOCATION (City, town, or county) (Stole) What A DANC PRINACE (Ca., 10 d) 12SC, FUNERAL DIRECTOR ADDRESS
Burial 4-5-70 Mt. Calvan	YCMITY. PANE Arundel Co. Md.
Burial 4-5-70 Mt. Calvan	YCMITY. PANE Arundel Co. Md.

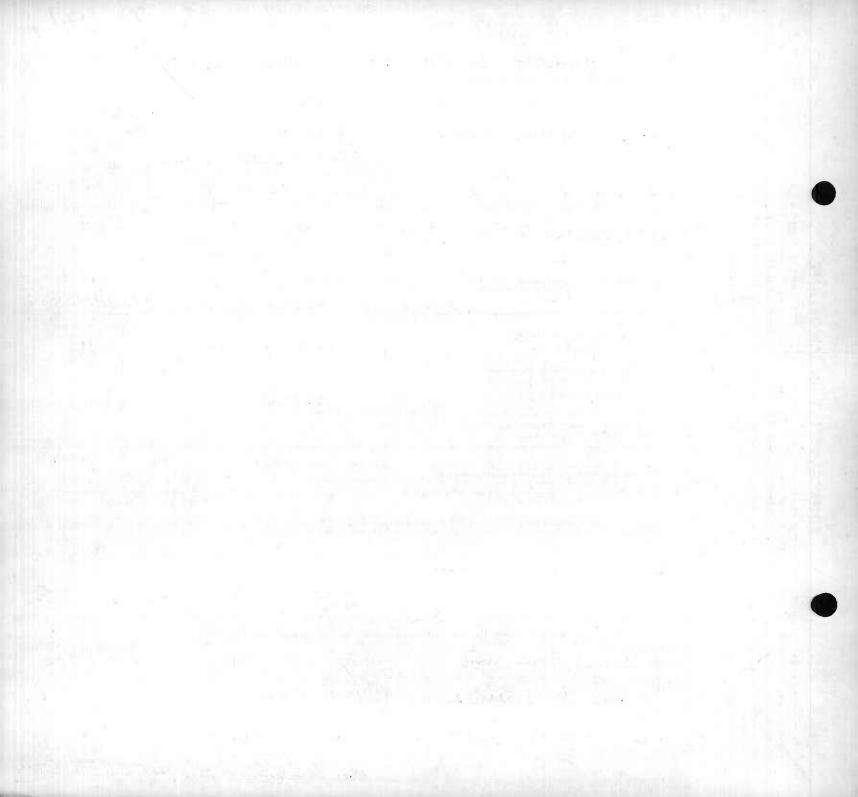


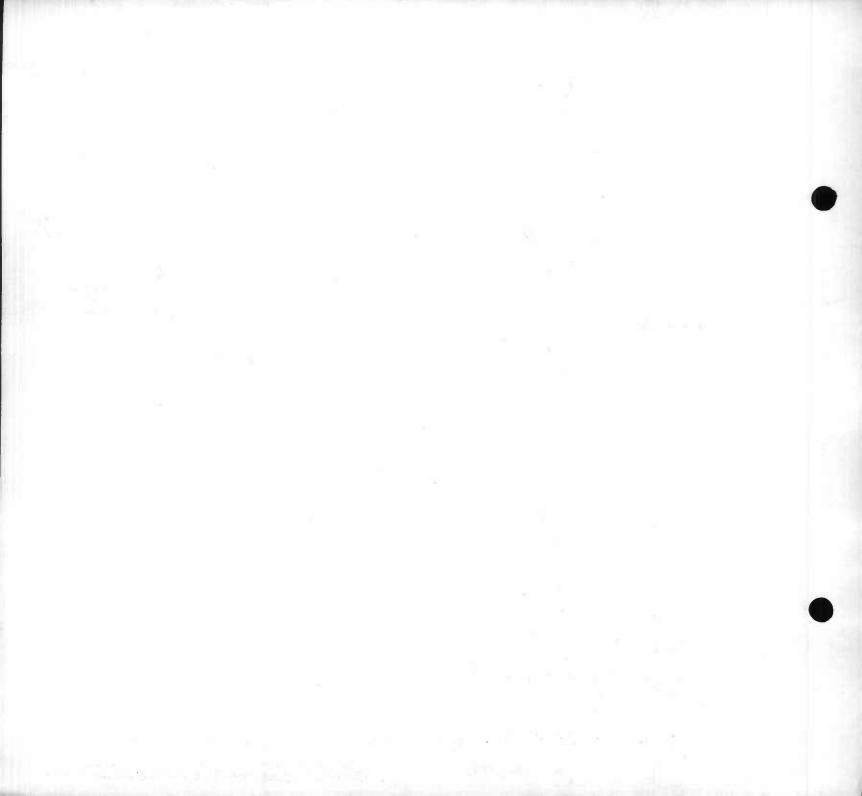


-	3 1/0	1			BALTIMORE CIT	HEALTH	DEPARTMENT		70	3626
	5-900	חלי	2626		CERTIFICA	TE OF	DEATH	REG. NO		3050
1. N	TH NO. AME OF DECE e or Print)	ASED \//	181	UP.	R. SEWE	, ,		CH 29,	1970	5000
3. F	PLACE IN BALT	MORE MARYLA	ND, WHE	RE PRONO	UNCED DEAD	4. USUAL A. STATE		e deceased lived.		residence before odmission
FILL	L NAME OF	(IE NOT IN	HOSPITAL	OP INSTIT	UTION, GIVE STREET	A. STATE	MID	"	(1-02
HO	SPITAL OR	ADDRESS O	R LOCATI	ON)	onor, Give sincer	C. CITY O	RTOWN	D.	INSIDE CITY	LIMITS?
		1111001	11 1	- 1/	11-400		ALTO		YES 🔀	NO 🗌
2	44	MOIM	141 5	771.	HOSP,		AND NUMBER			
S. S	EV	6. RACE	17		D	B. DATE O	1521 E. 36	th.St.	If Had	er 1 Yr If Under 24 H
	11425	WHIT	agents .	WIDOWED	NEVER MARRIED DIVORCED		20-1966	lost birthdoy	Months	Doys Hours Min.
					BUSINESS OR INDUSTRY				12. CIT	IZEN OF WHAT COUNT
-	_	orking life, even if	retired)	0	NU STATES		MD			
	FATHER'S NAM	COUNTAN	TA	M, 10 A	NK STAT. CO.		IER'S MAIDEN NAM	AF		
	ATTICK S TOPA						an a minimal man	-		
15 1	Was Deceased	Ever in U. S. Am	ned Forces	,7	16. SOCIAL	17. INFOR	MANT			ADDRESS
(Yes	, no or unknown)	(If yes, give wor	or dotes	of service)				1-11 15	11 F. 1	
_					216-09-995		Y E. JEW	VELL 10	21 210	
	1B. 398	X			CAUSE OF DEAT			7		BETWEEN ONSET AND DE
		E OR CONDITION TO D		CTLY			nderic fa	lellere		ihr
		al meon the m				A CONSEQU	UENCE OF:			
		asthenia, etc. It plication which			00		heant	Lacina		. 41
		NTECEDENT C			theu	mohis	- han	·		Soyr
	DISEASES O	R CONDITION	S if an	v. aivina	(B)DUE TO, OR A	A CONSEC	UENCE OF:			
	rise to the above cause (A) stoting the									
	UNDERLYING	CONDITION	ast.		(C)					
z	OTHER SIGNIE	[] CANT CONDITIO	NS CONT	PIRLITING						
	TO THE DEATH	H BUT NOT RELATI	D TO THE	TERMINAL						
ERTIFIC/	19A.DATE OF	OPERATION 19	B. CONDI	TION FOR	WHICH OPERATION	20 A. A	UTOPSY? (Yes or No	20B. IF YES, W	ERE FINDING	S CONSIDERED DEATH?
ERT	O ACCIDEN	T WAS LINDED	VINC -	218	BLACE OF INITION	in as about?	OLC WHERE DID	/14 to D =	hi Cib	
_	OR CONTRIBU	TING CAUSE	OF	hom etc.	PLACE OF INJURY (e.g., ne, form, toctory, street,	office bldg.,	NJURY OCCUR?	(It in Boi	itimore City, gi	ve exoct lacation)
U		medical examine								
MED	21 D. TIME OF INJURY	(Month) (Doy)	(Yeor) (INJURY OCCURRED ile At Not Whi		21F. HOW DID INJ	URY OCCUR?		
-	(APPROX.)			Wo	rk At Work	ork 🔲 💮				
	22. I certify that (I) (this he spiral) attended the deceased from January 1967 to March 791970									
	thot (I) (lost sow the d	eceased	alive on	march	- 7319	70 and the	at in (my) (aur)	opinion de	oth occurred an the
	and hour and	from the cous	es stated	above.	l) (We) (atd) (did not)	view the b	ody after deoth.			
	23A. SIGNATU		/	1	40		,		23 B. DA	TE SIGNED
	(1	(200 a	20/1	Lucy	Dh.	ending X	Med.	Staff Phys.	3/	31/70
	23 C. PHYSICIA	N'S		71-00	DEGREE	23D. ADDR		rnys. —	70	11/0
	NAME (T)									
244	DIIDIAL CDE	AATION DAR D	ATE	DAC N	DEGREE	ENANTORY	24D 14	OCATION	(City town	or county) (Stote
24A	REMOVAL (S	pecity)			AME of CEMETERY or CI	EMATORY		OCATION	(City, town,	or county) (Stote
	BORIA		2-70		T, MARY'S			ALTO	MP	
2SA	DATE REC'D	BY HEALTH DEP	0 7	B. NAME	OF REGISTRAR	25C F	UNERAL DIRECTOR	16		ADDRESS
1	R7 19	المعاولين ال	C 10			Jan	el Eleker	cowetap	36156	historica five
W	150-REV. 1/1/6	.0		-			- 0 20,000	/		



-1	BALTIMORE CITY	HEALTH DEPARTMENT		מכתם חניי
	327 CERTIFICA	TE OF DEATH	REG. NO	10 3621
(Type or Print) ROBERT	C. TRACE		H 29, 1970	1030 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE	RONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before odmissio
FULL NAME OF HOSPITAL OR I ADDRESS OR LOCATION) HOOD NURSING		MD C. CITY OR TOWN BALTO		DE CITY LIMITS? YES NO \(\bigcap \)
90	40.415	E. STREET AND NUMBER 3808 BIDDIS	SON LANE	
• SEX 6. RACE 7. **AP	RIED NEVER MARRIED	<u> </u>	AGE (In years	If Under 1 Yr. If Under 24 H
MALE WHITE WIDO	WED DIVORCED	12-4-1886	ost birthdoy) 83	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10 B. KIN lone during most of working lile, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNT
TRANSIT OPERATOR N.Y	(ELEVATED	MD		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE	
S. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of ser	vice) SECURITY NO.			/+ V.
	158-10-6130	MRS NORMA V	1, LINDSAY	3868 BIDDISON
1B. 44109	CAUSE OF DEAT	н		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEA
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Fut My	oceated M.	Hr1.
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., DUF TO, OR AS	A CONSEQUENCE OF:	4	
injury or complication which coused death.)	eose,	V		The late of the late of
ANTECEDENT CAUSES		ACHO		11.
	(B)	A CONSEQUENCE OF:		years.
DISEASES OR CONDITIONS, il ony, g		A CONSEQUENCE OF:		/
UNDERLYING CONDITION lost.	(c)			
II	N.	D 1		//-
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING	evere amphyse	**	gens
TO THE DEATH BUT NOT RELATED TO THE TERMINE DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
210 ACCIDENT WAS UNDERLYING	210 01 405 05 15111154	2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	ffice bldg., INJURY OCCUR?	(If In Boltimore	City, give exoct location)
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
\$ 0,	While At Not While	e		
(APPROX.)	Work At Work		10	1-1'
22. 1 certify that (I) (this hospital) attend	ded the deceosed from	7/13/	07 to 3	129/ 19/3
that (1) (we) lost sow the deceased alive	2 /20 /	119 75 and the	t in (my) (our) cole	nion death occurred on the d
	-/2			geom occourse on the o
and hour and from the couses stated about	ve. (I) (We) (did) (did not) v	new the body ofter deoth.		1
23A. SIGNATURE	.0			3/3//1170
Lonnes Mannes	OEGREE Phy	ending Med. Director	Staff Phys.	3/3////
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	L. Rd. Bd	et. Md 21228
	OEGREE 4C. NAME of CEMETERY OF CR			
REMOVAL (Specify)				y, town, or county) (Stote)
BUBLEL 14-2-10	BALTU. NATI	ONAL BA	LTO ME	,
25A. DATE REC'D BY HEALTH DERT. 25B. NA	THE OF BEOISTRAK	Paul Elkin	au Ah 36	15 Chestunt No
/S 1SO-REV. 1/1/6B		ayana wyman	outen's	

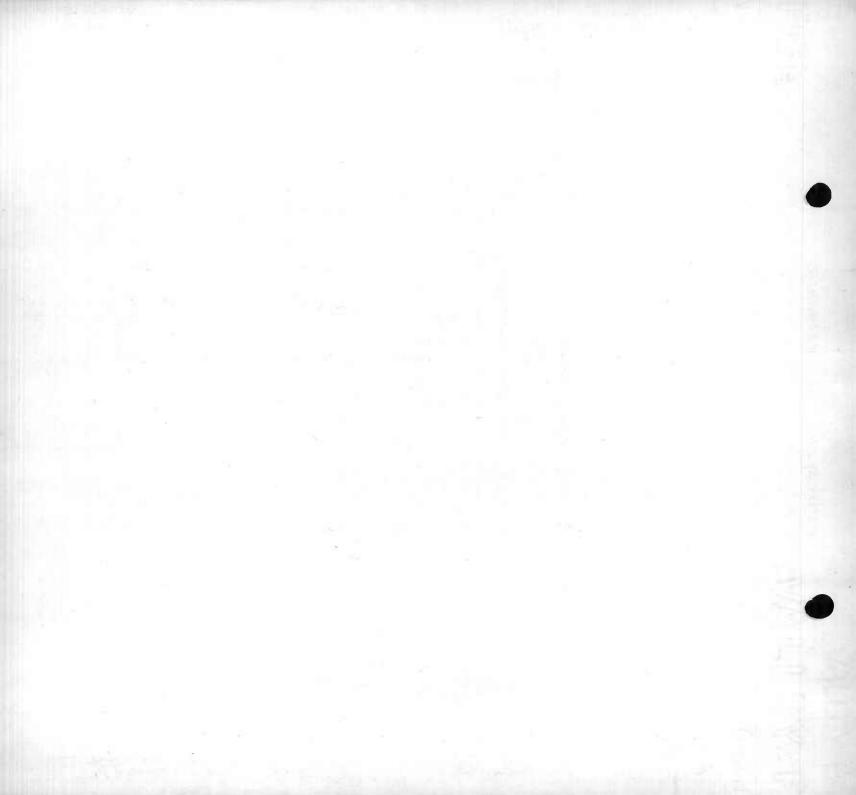




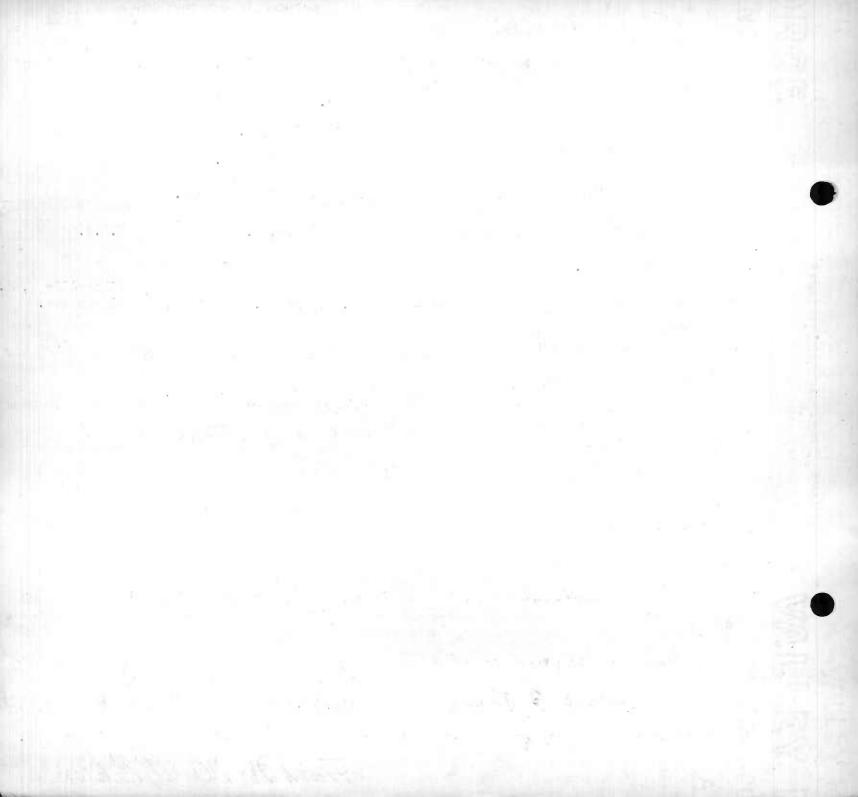
811	S-152 RTH NO.	70	3629	9		1	F DEATH	REG. NO.	2 70	3629
	NAME OF DEC	MARIE	SPENC	F		200	2. DATE AN	D HOUR OF DEAT	TH C	1030/2.
3.	PLACE IN BAL				INCED DEAD	4. USUA	C RESIDENCE (Who	ro deceased lived. I	institution: re	sidence before odinission)
I	LL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN		OR INSTITU	TION, GIVE STREET	MA	RYLAND OR TOWN	ARTE BAI	D. O. C.	E CITY
-	THE	JOHNS	HOPKI	NS H	OSPITAL	E. STRE	ET AND NUMBER	DAVENUE	123 (1)	13-07
log F	EMALE	WHITE	w	MARRIED [DIVORCED	1 1-2	4-95	9. AGE (In yours lost birthdoy)	I(Under Months	1 Yr. I(Under 24 Hrs. Doys Hours Min.
10/	ne during most of v	vorking life, even i	nd of work 108 f retired)	KIND OF	BUSINESS OR INDUST	RY 11. BIRTH	IPLACE (State or fore	gn country!	12. CITIZ	EN OF WHAT COUNTRY?
13.	FATHER'S NAM	NE				14 4407	בורו	We		
1000		JOHN	MINNI				ARTHA OBI			
15. (Yo	Was Deceased s, no or unknown)	Ever in U. S. A	med Forces?	service)	1 6. SOCIAL SECURITY NO.	17. INFO				ADDRESS
			_			FLAR	ENCE PA	MAR 3	939 R	OLAND AVE
	18. 1 9 8	Y I			CAUSE OF DEA	ATH	21100 11	21.1011		APPROXIMATE INTERVAL
		E OR CONDIT		TLY	CARDIO	RUSPI	NATIORY	ARRE		ETWEEN ONSET AND DEATH
	(This does no	LEADING TO	node of dvi	ng eg.	DUE TO, OR	AUSE	111100	21900	<u>ر</u>	
	heort failure,	asthenio, etc. I	meons the	disease,						
		NTECEDENT (3165.0	BUADE	PER C	ARCINO	MA, BRO	TENS	
		R CONDITION		giving	(B) DUE TO, OR	AS A CONSE	OHENCE OF			***************************************
	rise to the	obove caus	e (A) slo	ling the	(c) MIRA	BILLS	SEPTICE	MIA		
NTION	ITO THE DEATH	CANT CONDITION	TED TO THE TE	RMINAL						
CERTIFICATION	19A.DATE OF	OPERATION IN	PR. CONDITION	ON FOR W	HICH OPERATION	20 A. A	UTOPSY? (Yes or No	O 208, IF YES, WER	E FINDINGS CAUSES OF D	CONSIDERED SEATH?
CAL	21 A. ACCIDEN OR CONTRIBUTE DEATH (notify	T WAS UNDER TING CAUSE medical examine	LYING D	21B. (home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	ollice bldg.,	YES 21 C. WHERE DID INJURY OCCUR?	(If In Boltin	nore City, give	exect location)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy)	(Yood (H		At We At We	hllo	21F. HOW DID INJ	URY OCCUR?		
	22. I certify	that # (this h	ospital) at		e deceased fram		1	19(0) +0	3.28	10 70
		last saw the d			3.28	19	4 0	Jankanna IV assessment	pinion decti	occurred an the date
					(We) (did) (did no				F 49911	
	23A. SIGNATO	IE .	1	9.7		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			23B, DATE	SIGNED
		-Dal	wet	A T	1 0	Hending	Med.	Shaff Phys.	3	28.70
	23C. PHYSICIAN	75	, 3 V		DEGREE	23D. ADDI				
	TANKE TIY		YLVES	TER			THE HO	OHNS HOPE	KINS H	OSPIKAL
24/	BURIAL CREA		PATE		ME of CEMETERY of	REMATORY			City, town, or	
	BURIA		1-70	M	T.OLIVE	FT	B	ALTO	MD	
25/		BY HEALTH DE	£ 2. 70	NAME OF	BEGISTRAR.		UNERAL DIRECTOR	1		ADDRESS for
VS	150-REV. 1/1/6	8				VC	- Grana			,

5-11

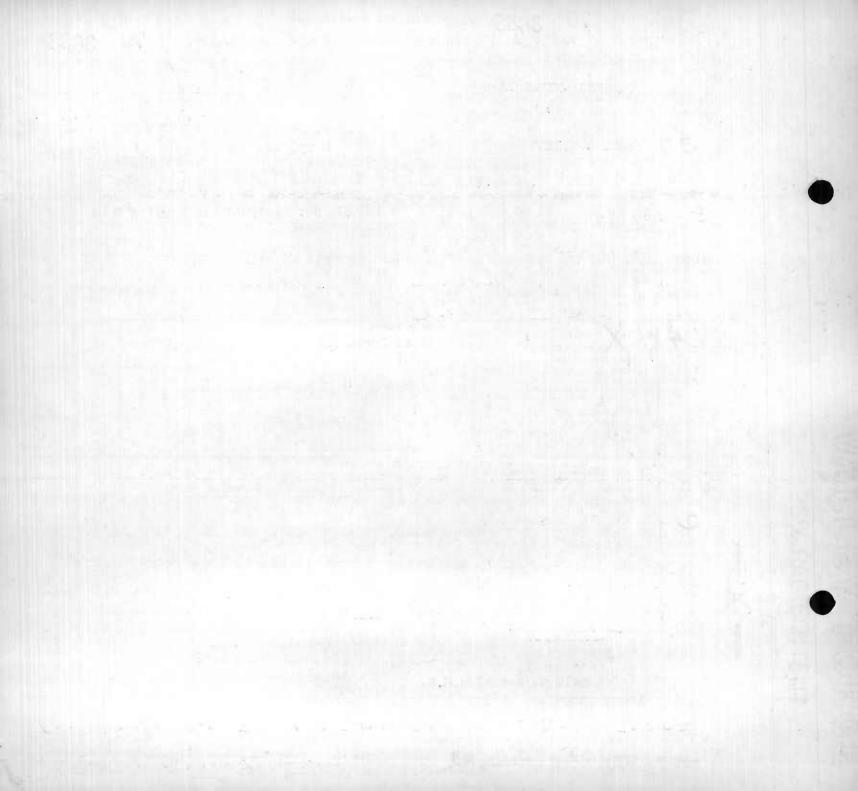
BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT



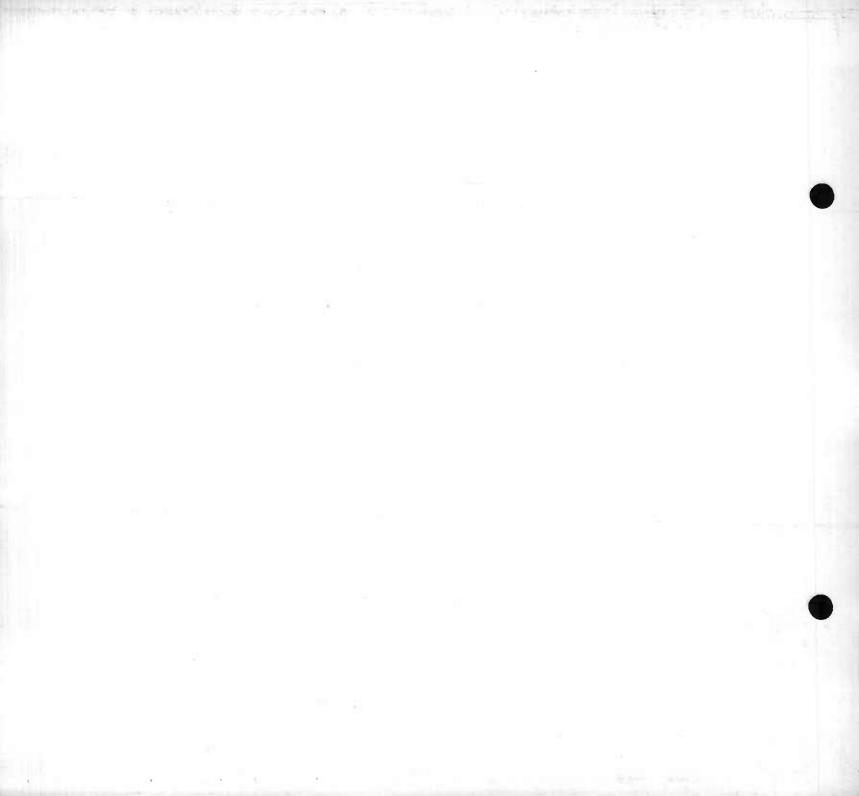




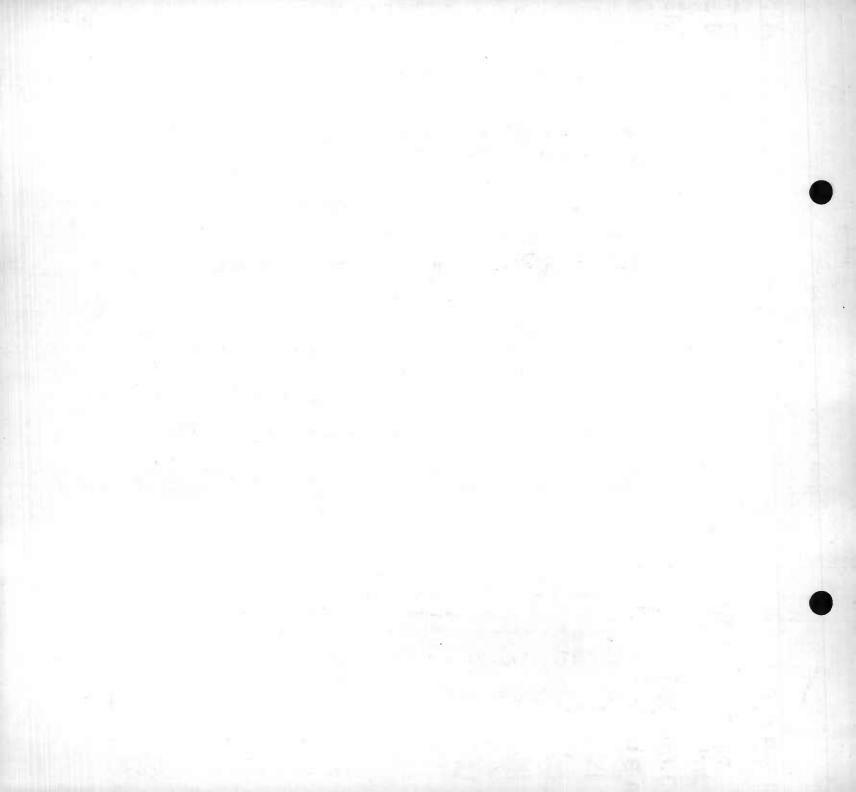
IMPORTANT

DIRECTOR:

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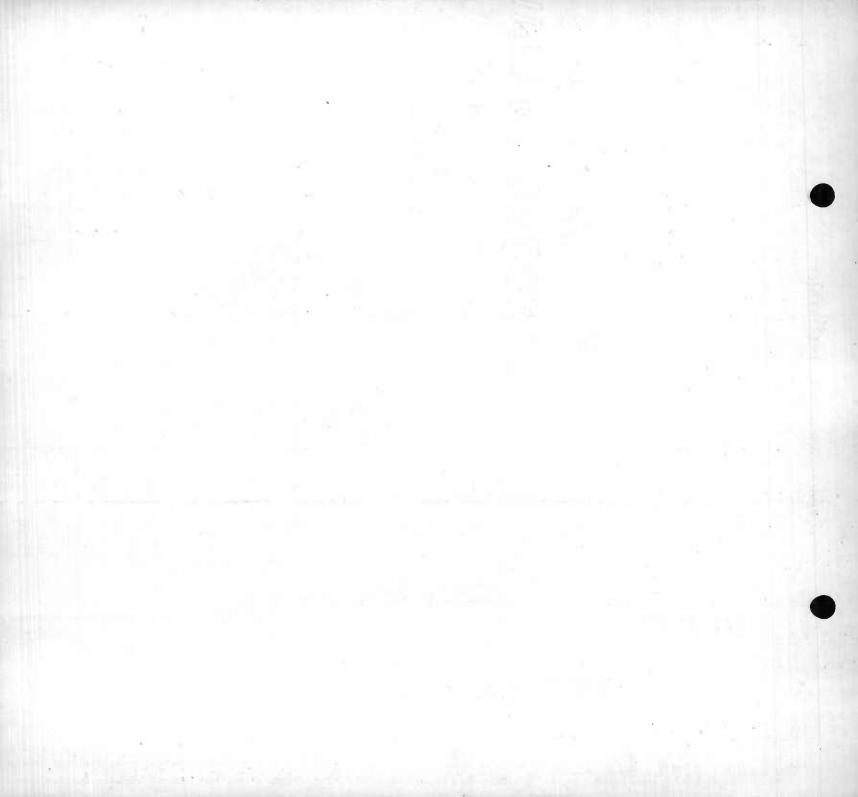
-	7 .1/ A 70 2026 BALTIMORE CI	ITY HEALTH DEPARTMENT
BIR	TH NO.	CATE OF DEATH REG. NO. 70 3630
1. N	DAME OF DECEASED TO SOOL TUILLE	2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH
3, F	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II Institution: residence before admission A. STATE B. COUNTY
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	a. STATE B. COUNTY A A Baltmore, C. CITY, OR TOWN 10. INSIDE CITY LIMITS?
1143	Marbor View Nursing home	N / /
9	o Light Street Bolfimure	1244 Maple greenes
s. s	WIDOWED DIVORCED	1/17/84 das printing
	. USUAL OCCUPATION (Give kind of wark 10B. KIND OF BUSINESS OR INDUST e during mast at warking lite, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
P	John VAN SAS FEller	ANNE KOLL
	Was Deceased Ever in U. S. Armed Forces? s, ng ar unknown) (If yes, give war ar dates af service)	17. INFORMANT ADDRESS
4	18. CAUSE OF DE	ATH APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying, e.g., (A) IMMEDIATE C DUE TO, OR	AS A CONSEQUENCE OF:
	heart laiture, asthenia, etc. It means the disease, injury ar camplication which caused death.)	SCND. Heart Block
	rise to the abave cause (A) stating the	AS A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (c) (C)	will will prevous
ATIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	coma of Prostale-Postop. 1 yz.
RTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDER OF IN CERTIFYING CAUSES OF DEATH?
_	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. CONTRIBUTING CAUSE OF DEATH (natify medical exominet) 21B. PLACE OF INJURY (e.g. cause)	g., in or about 21 C. WHERE DID (If in BoltImore City, give exact location) office bidg., INJURY OCCUR?
N N	21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED While AI Not W	21F. HOW DID INJURY OCCUR?
	(APPROX.)	ark U
	22. I certify that (I) (this haspital) attended the deceased fram	Jane 1970 to 4/4 1970
	that (1) (we) last sow the deceased alive an	19 and that in (my) (our) apinion death accurred an the da
	and haur and from the causes stated above. (1) (We) (dtd) (did not) view the bady after death. [238, DATE SIGNED]
	Kennotha Kan Oovala MD	Attending Med. Staff
	23 C. PHYSICIAN'S NAME (Type)	Phys. Director Phys. 23D, ADDRESS
	RENNETH RAULEVITZ M.D. GEG	REE 115 W. MONUMENT St. RAHIMORE Md
24A	REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, town, or county) (State)
HA	SURIA STREAM DEPT. 258 NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS
1	150-REV. 1/1/68	1 HmBROSE, ANC. 1328 Julphur) pring &d.



address was 4615 Dennington ove. Galled K. H. CT the soft will w M A 300 My Oo or the or selv 1 Steph Margalis is sim Hospit 1

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11 0	100		BALTIMORE CITY	HEALTH DEPARTMENT		No
1-200	.70	3638	CERTIFICA	TE OF DEATH	REG. NO	70 3638
SIRTH NO.	ASED	0000			AND HOUR OF DEATH	3()50
Tuna as Print)	NICHOLAS	KACANIS			rch 30. 197	1110-1
B. PLACE IN BALTI	MORE MARYLAND,	WHERE PRONO	UNCED DEAD		here deceased lived. If i	nstitution: residence before admission)
FULL NAME OF	(IF NOT IN HOS!	PITAL OR INSTITU	UTION, GIVE STREET	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	altimore	2605
NOTITUTION				Baltimore	D. IIVS	YES NO NO
0 800 8	. Quail S	treet		E. STREET AND NUMBER		TES A NO
	more. Md.			800 S. Qu	ail Street	
	RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Days Hours! Min.
Male	White	WIDOWED		9-15-97	tost birthday	Months Days Hours Min.
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	areign country)	12. CITIZEN OF WHAT COUNTRY
Restaur	ant owner	Food	1	Greece		U.S.A.
3. FATHER'S NAM	E			14. MOTHER'S MAIDEN	IAME	
Nichola	S			Sophia		
. Was Docoased E	vor in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT	77	ADDRESS
	If yos, give wer ar d	otes of service)	SECURITY NO.	Mrs. Helen		Dolltiman Md
NO 18.	A .		194-05-2374 CAUSE OF DEATH		il Street,	Baltimore, Md.
DISEASE	OR CONDITION		Con	onary Th	combosis	BETWEEN ONSET AND DEATH
	EADING TO DEAT		(A) IMMEDIATE CAU	SE 3	- 002/3	
heort failure, a	I mean the mode sthenio, etc. II meo	ns the diseose,	DUE TO, OR AS	A CONSEQUENCE OF:		
	lication which caus		At			
Al	NTECEDENT CAUS	ES	(B)	bries clows	()	
	CONDITIONS,		DUE TO, OR AS	A CONSEQUENCE OF:	0 1	1
	above couse (A	A) Slotting the	(c) Hu	per Consion	· Ventic	Wer
	TI.)8/	1	
	ANT CONDITIONS					
DISEASE OR CO	BUT NOT RELATED TO	PART 1 (A).				
19A. DATE OF	OPERATION 198. CO	ERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF C				1 1016 11115		
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF nedical examiner)	21 B hom etc.	ne, form, foctory, street, of	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR	(If in Baltima	ire City, give exect lacation)
21D. TIME	Month) (Doy) (Yes	or) (Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
(APPROX.)		Wh Wa	ile At Not While			
22. I certify ti	hot (1) (this hospi				19to	
				19 ond		fnion death occurred on the date
						The detailed on the detail
23A, SIGNATUR		tored obave. (I	(me) (ala) (ala hat) v	iew the body after deat	n.	23B, DATE SIGNED
CI	MUF/	STE	RN. M. D. AHO	nding Mod.	Staff	
23C.PHYSICIAN	111		OEGREE Phys	Director L	Phys. L	
NAME (Typ		SE	- ~ · n	- ADDRESS		
AA PIIDIAI CREAA	ATION DATE	Date N	DEGREE	AA A TORY	. LOCATION (C	City, town, or county) (State)
REMOVAL (Sp Burial	ATION, 248. DATE 4-3-1		Lawn Cemet			
		25 NAME (25C. FUNERAL DIRECT	altimore, 1	M. CI .
APR 7 1	M While	E. VEIGER	71.0	Nicholas 3021 East	T. Matthews	
S 150-REV. 1/1/68						



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES -Kent County If Under 1 Yr. if Under 24 Hrs. Months! Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that In (aux) (our) opinion death occurred on the date 23 B, DATE SJONED (City, town, or county)

NO X

U.S.A.

ADDRESS

APPROXIMATE INTERVAL

BETWEEN ONSETAND DEATH

(Stotel

7d

ADDRESS

Born to thely Beauty where the same of the

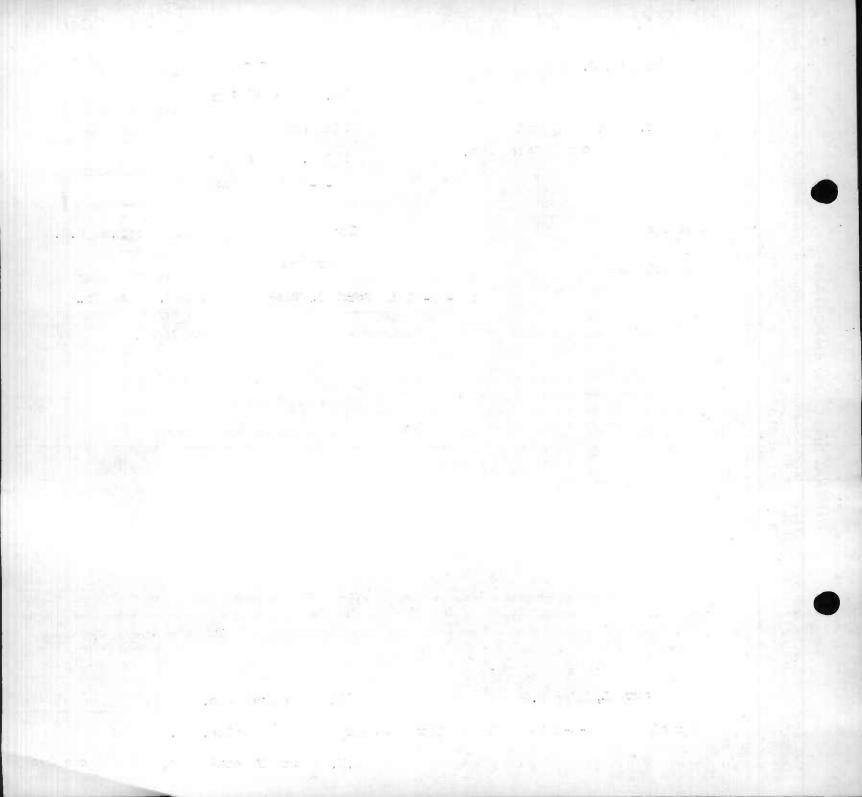
Maryland British

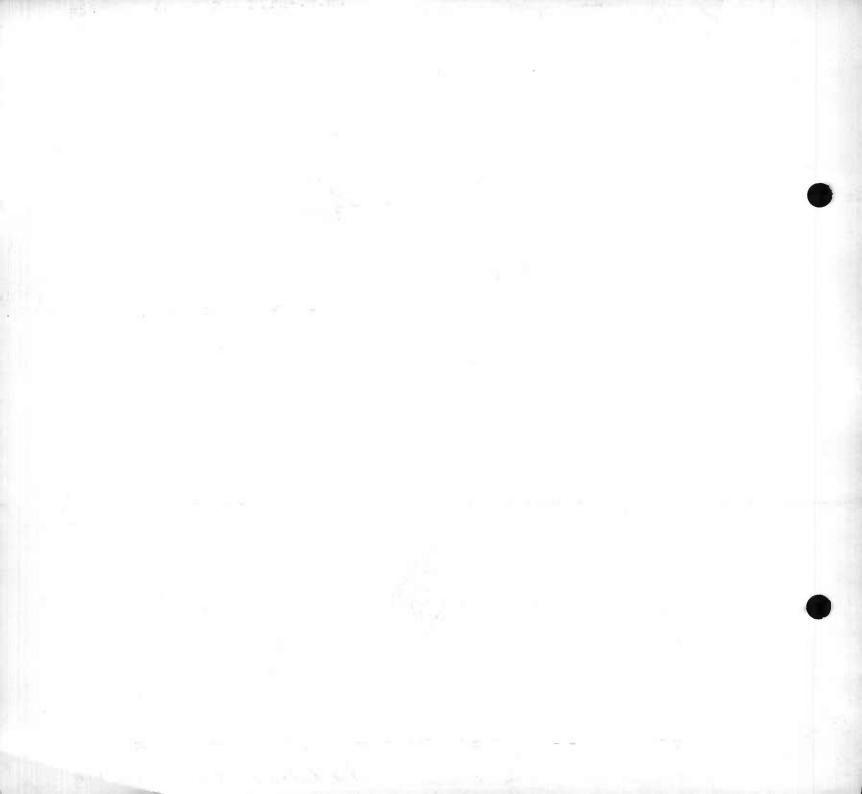
Parline St.

A REST OF THE PERSON OF THE PERSON OF THE

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

0	BALTIMORE CITY	HEALTH DEPARTMENT		
6 JOO 70 3	640 CERTIFICA	TE OF DEATH	REG. NO	70 3640
I, NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
(Type or Print)		4-	1-70	1 9:30 P. W
Vincent J. Coco 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If i	nstitution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN		Md. BAY	K¥WA¥8X	2531
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
St. Agnes Hospital		Baltimore		YES NO
		E. STREET AND NUMBER		
Wilkens & Cator	Ave.	546 S. Wick		
M W WIDOW		8-1-1902	lost bigg x 67	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Retired		Italy		xxxiix U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Appella Casa		Serafina		
Angelo Coco 15. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of serv	169-03-9161	Sarah A. Coco	546 S	.Wickam Rd.
18. // 10 9	CAUSE OF DEAT	Н	A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	scute	Coronau a	ten occh	warm
LEADING TO DEATH	A. MANAEDIATE CAL	uec 1	9	sudden.
(This daes not meen the made of dying,		A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the dise injury ar complication which caused death.)	cose,	1	2.00.	
	C12 10-0	in airend	accione	
ANTECEDENT CAUSES	(B)	C transleri	enci	
DISEASES OR CONDITIONS, if any, gi	A A	A CONSEQUENCE OF:	1.101	
rise to the above cause (A) stating UNDERLYING CONDITION last.	Arreil	acelowty Card	w bree disea	
UNDERETHING CONDITION Idsi.	(C)	- Word		
7				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	04000404044440444000000000000000000		
19A-DATE OF OPERATION 19B. CONDITION I	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. A CCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,		(If In Boltima	ere City, give exect locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	iffice bldg., INJURY OCCUR?		
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.)	While At Work At Work			
22. I certify that (1) (this hospital) attend	ed the deceased from	10-17-	1960 to	4-1- 1970.
that (I) (we) last saw the deceased alive				
and hour and fram the couses stated above	ve. (1) (We) (did) (did not)	view the body after death.	. Cleanel i	Medical examinar
23A. SIGNATURE	11.			23 B. DATE SIGNED
AGNICATA	Ath	ending Med.	Staff Phys.	4-3-70
THE PURCHASE	DEGREE Phy		rhys.	1-0/0
23C. Physician's NAME Type Harry L, Knipp M.D	001	4116 Edmonds	on Ave.	Balto, Ind 21229
	C. NAME OF CEMETERY OF CR			City, town, or county) (Stote)
Burial (Specify) 4-4-1970	Loudon Park Cen		Balto. Md.	only town, or covery
25A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS 4107 Wilkens Ave
APR 7 1970 P. B. E. Tails	U U	n.n.nubbard	guneral nome	,4107 Wilkens Ave





IMPORTANT

DIRECTOR:

FUNERAL

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VS 150-REV. 1/1/6B

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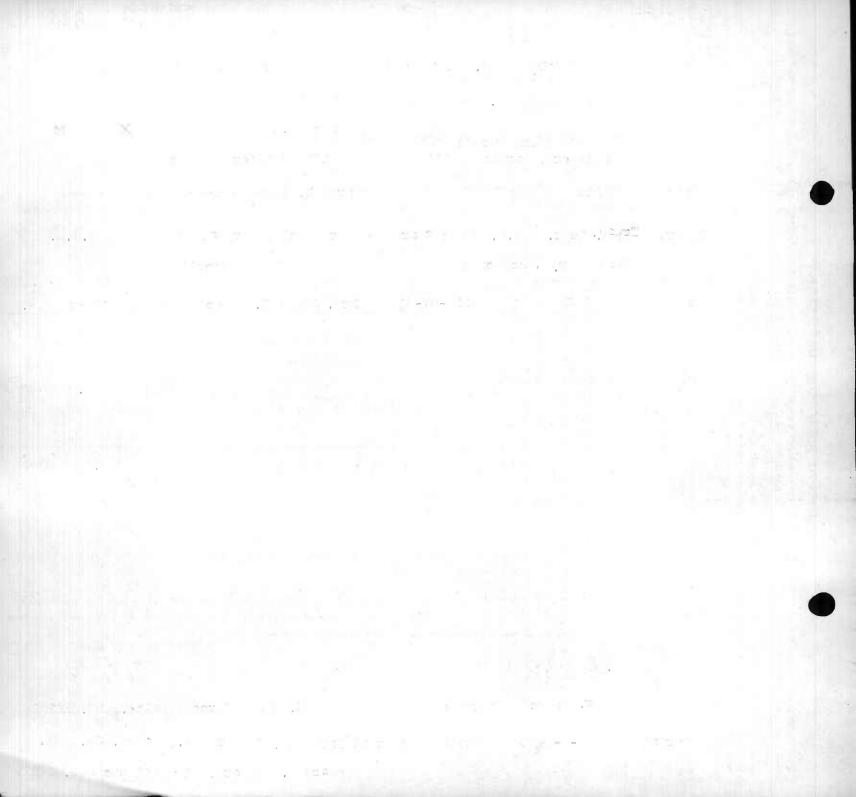
1)			BALTIMORE CITY	HEALTH DEPARTMENT		1710	0040
H-253	70 36	43	CERTIFICA	TE OF DEATH	REG. NO.	70	3643
Type or Print)	ASED	10		2, DATE	AND HOUR OF DEA	ATH	
Type of Phili	JOSEPI	H C	ASHMEADE	Apri	1 3, 1970		M
3. PLACE IN BALT	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO		If institution: res	sidence before admission)
FULL NAME OF	HE NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		12.	-12
HOSPITAL OR	ADDRESS OR LOCA	ATION)	O HOIL, GIVE STREET	C. CITY OR TOWN	D.	INSIDE CITY LIA	MITS?
				Baltimore		YES X	NO
	2610 Guilfe	ord Ave	nue	E. STREET AND NUMBER			
00	Baltimore,	Maryla	nd 21218	2610 Guil	ford Avenue	e	
- SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
Male	White	WIDOWED	DIVORCED	March 2, 1895	75		
	PATION (Give kind of working lile, even if retired)	108, KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZ	EN OF WHAT COUNTRY
Retired 1	reas Dept.	US	Coast Guard	Crisfield.	Maryland		U.S.A.
	Noah F.	Ashmea	de	Dolly	Sterlin	g	
5. Was Deceased Yes, no or unknown)	Ever in U. S. Armed For Ilf yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS 21218
Yes	WWI		220-07-4189	Mrs. Addie I	Ashmeade	2610 G	
18. / 2	1-11 3-54	0	CAUSE OF DEATH		,		APPROXIMATE INTERVAL
DISEAS	E OR CONDITION DI	RECTLY	Care	momatori		В	ETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	1.010	7		Humin
	al meon the made of asthenia, etc. Il means		DUE TO, OR AS	A CONSEQUENCE OF:			1
	plicalian which caused				1.	12.	Use I Month
A	NTECEDENT CAUSES		(a) Caro	moma of	Systemic /1	Century	durcum "manin.
DISEASES O	R CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF	<i></i>		
	above cause (A)	stating the	(0)				
UNDERLIING	CONDITION last.		(C)				
TO THE DEATH	II CANT CONDITIONS CO BUT NOT RELATED TO T	HE TERMINAL	Dial	etes. 7 Symo	aventicula	2 de de de	fleed Months
19A. DATE OF	OPERATION GIVEN IN PAR 198, CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WI	RE FINDINGS CAUSES OF D	CONSIDERED DEATH?
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	21B hom etc.	ne, form, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Bolt	timore City, give	exoct (acotion)
21 D. TIME OF INJURY	(Month) (Doy) (Yeor)	(Hour) 21E	. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
OF INJURY			ile At Not While				
		We		1/3	176	7/3	
22. I certify	that (I) (this haspital	l) ottended t	he deceased from	45	19 /Qto	1-12	19/.
that (I) (we)	lost saw the decease	ed olive on		19 / () ond	that in (my) (our)	opinian deat	h occurred on the date
ond hour and	from the couses sto	ted obove. (l) (We) (did) (did not) v	iew the body ofter deat	h.		
23A. SIGNATUI	RE A VA					23B. DATE	E SIGNED
Sur	null IVE	Milou	DEGREE Phys	nding Med.	Staff Phys.	14/4	+/70
23C. PHYSICIAN			DEGREE	23D. ADDRESS		1	1
NAME (Ty	Dr. Samu	o1 M-	wicon	11 7 01		no 1:	N.1 01000
	AATION, 248. DATE	24C. N	TTISON DEGREE	MATORY 24D	se Street,	Balto.	r county) (State)
REMOVAL (S							
Burial	4-6-19	70 M	oreland Memori	al Park Cem. T	aylor Ave.	, Balto.	Co., Md.
CUTA DATE KEL D	DI GEMAIN DEPA	WE JD. MANAL.	AND THE CHARLES AND THE STATE OF THE STATE O	120G FUNERAL DIRECT	LIK		MDDKE33

Howard H.

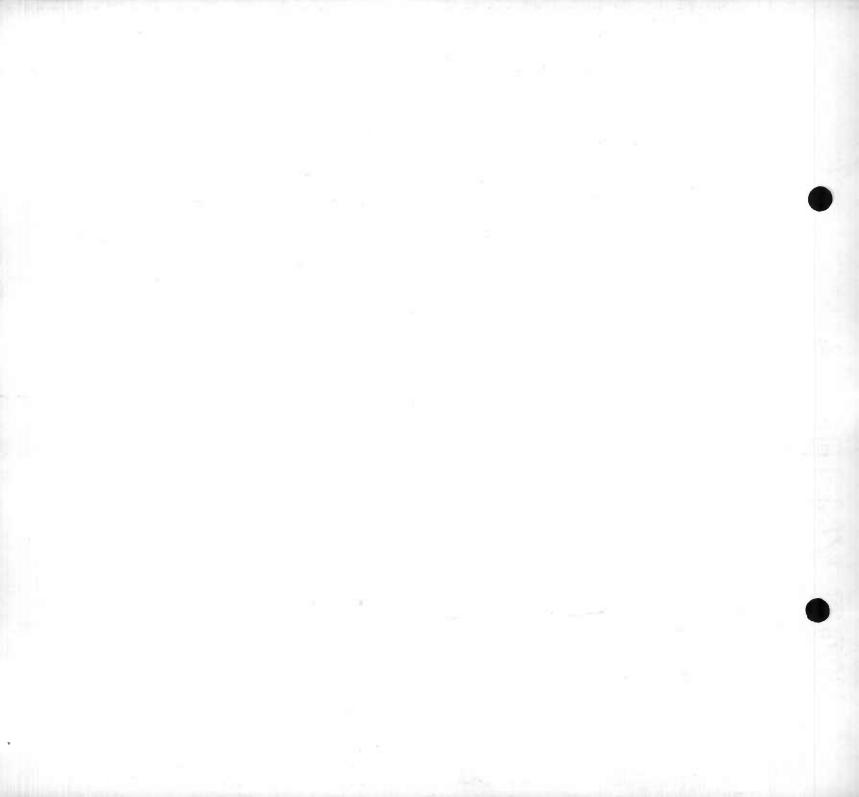
Hubbard,

21229

4107 Wilkens Ave.



./ .//		RALTIMORE CITY	HEALTH DEPARTMENT		
5-5-40 7 BIRTH NO.	0 3644		TE OF DEATH	REG. NO.	70 3644
1. NAME OF DECEASED (Type or Print)	Albert	P. KEN	IN TO 2. DATE AND	HOUR OF DEATH	1 /2 / > - 0
3. PLACE IN BALTIMORE, MA	ARYLAND, WHERE PRON			deceosed lived. If ins	titution: residence before admission)
FULL NAME OF (IF NO HOSPITAL OR ADDRE	T IN HOSPITAL OR INST	TTUTION, GIVE STREET	C, CITY OR TOWN		2632 E CITY LIMITS?
	Emonia/	HispiGs/	E. STREET AND NUMBER		YES NO 🗌
5. SEX 6. RACE	7	- E71 - 1	7.6	AGE (In years	V 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
M n	WIDOWE		12/29/05	est birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Given during most of working life, e	ven if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n countryl	12. CITIZEN OF WHAT COUNTRY?
Exemple PAIN	ITER STO	RETIRED	Me.		U.S.A.
13. FATHER'S NAME	ERKEN	ily so	14. MOTHER'S MAIDEN NAM	r 11	
5. Wes Deceased Ever in U.	Armed Ferces?	16. SOCIAL	17. INFORMANT	**	ADDRESS \
(Yes, no or unknown) (If yes, give	wor or dates of service	218-09-8254	MRS. MAY 6	KENLY.	(SAME)
18.492X		CAUSE OF DEATH		11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING	DITION DIRECTLY				
1This does not meen th heert failure, asthenia, et	e mode of dying, e.g	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:	***************************************	
injury of complication wi	ich caused deeth.)	n 1 +	-0 0		
ANTECEDEN	IT CAUSES	(B) leilelle	is anny to	a ced	
DISEASES OR CONDIT		g DUE TO, OR AS	A CONSEQUENCE OF:		/
UNDERLYING CONDITION		(c) K/Rse	seemannd	**********************	*******
z					
OTHER SIGNIFICANT COND TO THE DEATH BUT NOT R DISEASE OR CONDITION G	FLATED TO THE TERMINIAL				
19A. DATE OF OPERATION	19& CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A-AUTOPSY? (Yes or No)	208, IP YES, WERE FILLIN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CA	DERLYING 21 USE OF he mined el	B. PLACE OF INJURY (e.g., in ome, form, factory, street, eff c.)	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(li in Boltimore	City, give exact location)
	Poyl (Yeorl (Heus) 21	E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	W	/hile At Not While			
22. I certify that (I) (th	s hospital) attended	the deceosed from	T/28 / 19	70 to 4	1/3/ 1970
that (1) (we) lost saw th			19 70 and that	in (my) (our) opini	on death occurred on the date
and hour and fram the c	auses stated above.	(I) (We) (did) (did not) vi	ew the body after death.		
23A. SIGNATURE	1/1/	M no Atten	ding ☐ Med. ☐ S		23B, DATE SIGNED
23CAPHYSICIAN'S	- fer	DEGREE Phys.	Director P	hys.	7/3/70
23CAPHYSICIAM'S NAME (Type)			UNION ME.	rowal 1	Hospital
24A. BURIAL CREMATION. 24	B. DATE / 24C.1	NAME OF CEMETERY OF CRES	MATORY / 24D. LOC	CATION (City,	, town, or county) (State)
BURIA 4	47/70.	PARK Wood	EMETERY A	BA/Timo	RE, MV.
25A. DATE REC'D BY HEALTH	DEPT. 25B. NAME	10 S	25C. FUNERAL DIRECTOR	PIT	BAHO, Md. 21214
APR'7 YUU	THE CLY VICTOR	W PELL	LEONARD J.	MUCK, INC	WIF 140. 1114. VI VIG



0 =1	A 170	C = 0.00	BALTIMORE CITY	HEALTH DEPARTMENT		70 3645
(- 5/6 BIRTH NO.	2 70	3645	CERTIFICA	TE OF DEATH	REG. NO	3010
Type or Print)	Frank	S.	Camp		H-4-70	25 A
FULL NAME OF HOSPITAL OR NSTITUTION	LTIMORE, MARYLAND (IF NOT IN HO ADDRESS OR L	SPITAL OR INSTITU	ITION, GIVE STREET	4. USUAL RESIDENCE (WA. STATE B. COL Md. C. CITY OR TOWN Baltimore	עואט	2745 DE CITY LIMITS?
00	6006 Glen	Oak Avenu	•	E. STREET AND NUMBER	6006 Gler	YES X NO
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr. Months! Doys Hours Min.
Male	White	WIDOWED	DIVORCED	May 28, 1894.	9. AGE (In years lost birthday) 75	Within Day's Hours William
one during most of	CUPATION (Give kind of f working life, even if retine d Auto Mecha	ed)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTR
3. FATHER'S NA		h Campagn	a	14. MOTHER'S MAIDEN N	AME Maria	?
S. Was Decease les, no or unknow No	d Ever in U. S. Armed n) (If yes, give wor or	Forces? dates of service)	1 6. SOCIAL SECURITY NO.	Mrs. Mamie R.	Campagna	(Same)
DISEASES rise la 11 UN DERLYIN	ANTECEDENT CAU OR CONDITIONS, ne above cause (G CONDITION last.	SES if ony, giving A) stoling the CONTRIBUTING	(C)	bral ar	thritis	12 years
DISEASE OR		PART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED
OR CONTRIB	ENT WAS UNDERLYING CAUSE OF y medical examiner	G 21 B. hom etc.)	e, form, foctory, street, o	in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If In Boltimor	e City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Y		INJURY OCCURRED Not White At Work		NJURY OCCUR?	
	y that (I) (this hasp) last saw the dece		April 3	1976 and	19 6 5 ta Ap	nian death accurred an the da
and haur ar		stated abave. (I		ending Med. Director	Staff Phys.	23B DATE SIGNED 4-4-70
23C. PHYSICI		I Jar		7403 Ha	rford Re	+
AA. BURIAL CR REMOVAL Burial	(Specify) L1/8/7	1	ME of CEMETERY OF CR			ity, town, or county) (State)
APR 7	BY HEALTH DEPT.	25B. NAME O		25C. FUNERAL DIRECT	OR	Balto .Md. 21214

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IMPORTANT

DIRECTOR:

FUNERAL

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7-17-6 599

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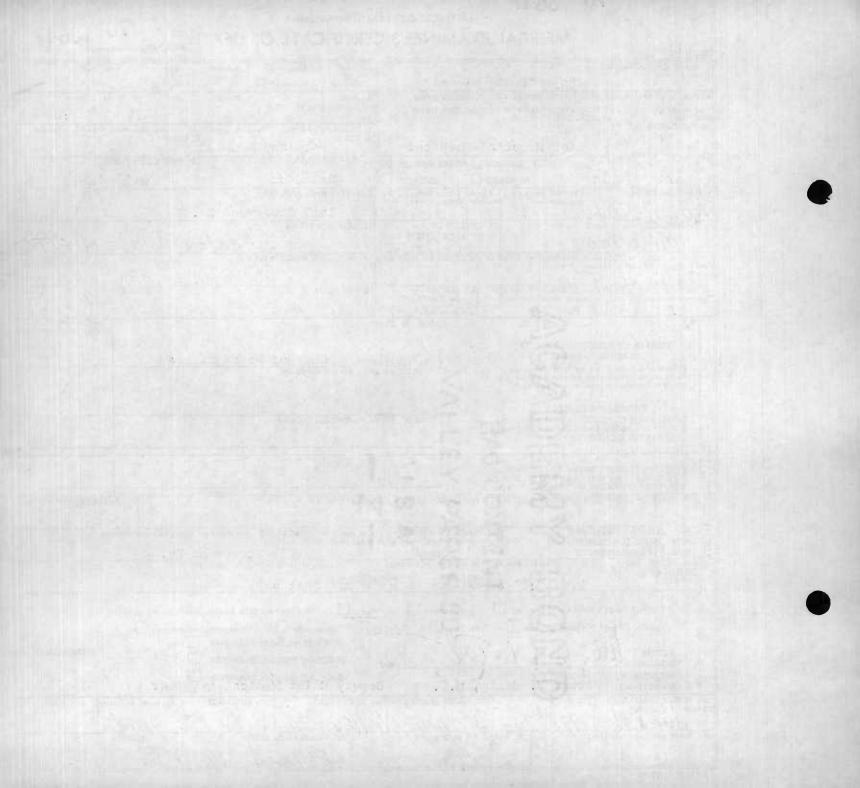
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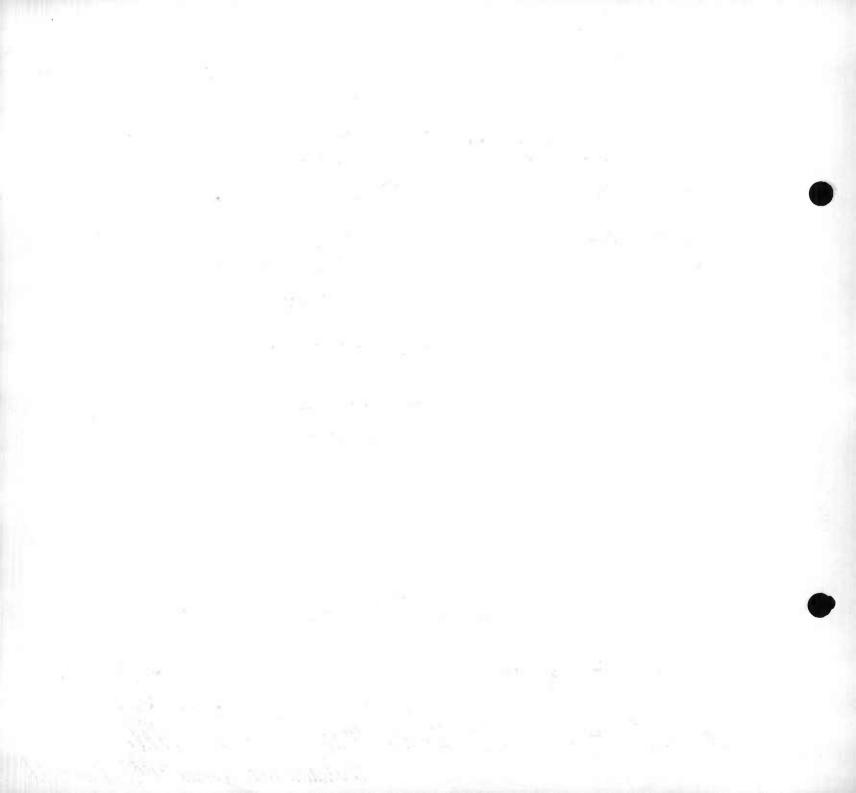
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IMPORTANT

DIRECTOR:

FUNERAL





1-200		CITY HEALTH DEPARTMENT	70 3650
BIRTH NO. 70	3650 CERTIFIC	CATE OF DEATH REG. NO	. 70 3650
1. NAME OF DECEASED		2. DATE AND HOUR OF DE	ÄTH
LEWIS. J	esse Essler	31 MARCH 1970	8:45 P N
3. PLACE IN BALTIMORE, MARYLAND	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	If institution residence before admission
FULL NAME OF (IF NOT IN HO	SPITAL OR INSTITUTION, GIVE STREET	DISTRICT OF COLUMBIA	V - 4 X
	UNISTRATION HOSPITAL		INSIDE CITY LIMITS?
7 2 3900 LOCH RA	VEN BOULEVARD	WASHINGTON, D. C.	YES Y NO
BALTIMORE, M		E. STREET AND NUMBER	
		4328 ALABAMA AVENUE, S	. E.
	7- MARRIED NEVER MARRIED		If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
MALE NEGROID	WIDOWED DIVORCED	Y 12_1_10 ro	
sone during most of working life, even it refin	work 10% KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY
MACHINE OPERATOR		WEST VIRGINIA	U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JOSEPH LEWIS		LOUISE CARRINGTON	
5. Was Deceased Ever in U. S. Armed Yos, no or unknown) (If yos, give war or	Ferces? doles of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT V A HOSPITAL RE	ADDRESS
YES 9-3-42 TO			
18.	CAUSE OF DE	77	BALTO, MD 21218
DISEASE OR CONDITION			SETWEEN ONSET AND DEATH
LEADING TO DEA	TH	Aus Edematous lungs	5 days
(This does not mean the made heart failure, asthenia, etc. 11 me		AS A CONSEQUENCE OF:	
injury or complication which cau	sed death.)		
ANTECEDENT CAU	ses Metas	tatic Carcinoma of esophag	ທຣ
DISEASES OR CONDITIONS,	if any, giving DUE TO, OR	AS A CONSEQUENCE OF:	
ise to the above cause (UNDERLYING CONDITION last			
14	(c)		***************************************
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN	O THE TERMINAL		
	ONDITION FOR WHICH OPERATION PERFORMED OBSTRUCTIVE	20A. AUTOPSY? (Yos or No) 208, IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
$\approx 1.0/40/10$ Carreino	of esophagus	YES IN CERTIFYING	CAUSES OF DEATH?
. OR CONTRIBUTING! CAUSE OF	218, PLACE OF INJURY (e.	in or obout 21 C. WHERE DID (If In Bolt office bldg., INJURY OCCUR?	timore City, give exoct location)
DEATH (notify medical exeminal	etc.)	omes stage, its ort occor.	
21D-TIME (Month) (Day) (Yo	oi) (Hour 21 & INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While AI Work AI W		
22. I consider they (% (able be ent	tal) ottended the deceased from		04 1/47/11
that (15 (we) last saw the dece		PIO.	
• •			opinian death occurred on the date
23A. SIGNATURE	tated above. (1) (We) (did) (did not	view the body ofter death.	
The second second	Y . A lea	Attending Med. Stoff	23 B, DATE SIGNED
me /	Durlin My begges	hys. Director Phys.	4/1/70
23C. PHYSICIAN'S NAME (Type)		3900 LOCH RAVEN H	RIVD
	DEGI		
4A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF	REMATORY PART MARY LOCATION	(City, lowic or county) (Stotol
Burial 4/3/7	O Harmony Memori	al Park Landover.	or Goo Mala
SA. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. LYNERAL DIRECTOR	ADDRESS
APP 7 1970 P. Beef	E Jaben KD.	Toket hi showday	Rockville, Md.
S 150-REV. 1/1/68			

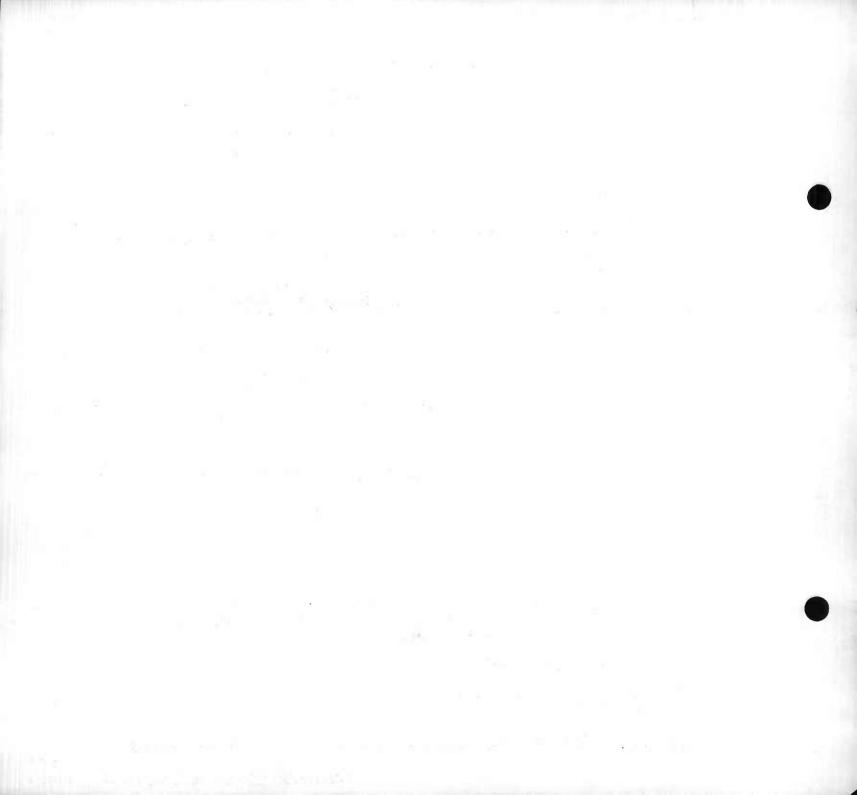


IMPORTAN

DIRECTOR:

FUNERAL

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Tille	BALTIMORE CITY	HEALTH DEPARTMENT	,	1410
віятн No. 70 3652	CERTIFICA	TE OF DEATH	REG. NO.	70 3652
1. NAME OF DECEASED (Typo or Print)			HOUR OF DEATH	
	YLOR		3.70	1 8.45 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where B. COUNT	deceased lived. If inst	itution, residence before admissian)
FULL NAME OF HOSPITAL OR INSTIT ADDRESS OR LOCATION)	UTION, GIVE STREET	MD. BAL	TIMORE	5300 E CITY LIMITS?
- CHURCH HOME AND HOSPI	TAL.	ESSE		YES NO I
95 100 N. BROADWAY, BALTIM	KE, MD.	E. STREET AND NUMBER		
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9	. AGE (In yours	Il Under 1 Yr. If Under 24 Hrs
MIDOWED WIDOWED	DIVORCED	10/5/1909	ost birthday)	II Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY		n country)	12. CITIZEN OF WHAT COUNTRY?
Steel worker.		Vinginia		UBA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E ,	2
Leath Taylor.		Varles	alice	Russell
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no ar unknown) (II yas, give war or dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
VNK	228-01-9577	MANDA TI	94LOR	ABOVE
18. DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH		SE Anlevioscler	lis Co. Da	6 4.00
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A	LCONSEGUENCE OF		6 years,
injury or camplication which caused death.		Varcular Dis	12004	
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	*******************	
rise to the above cause (Al stating the UNDERLYING CONDITION lost.				
44	(C)	*******************************	************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Reval	failure.		days.
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	VHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FIN	DINOS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAUS	ES OF DEATH?
OR CONTRIBUTING CAUSE OF	PLACE OF INJURY (e.g., in e, farm, foctory, street, affi	or obout 21 C. WHERE DID	(If In Boltimore C	City, give axect location)
DEATH (notify medical examiner) elc.) 21D.TIME (Manth) (Day) (Yearl (Hour) 21E. White	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	a At Not While			
22. I certify that (1) (this hospital) attended th		// 4	- A 12	
that (1) (we) last saw the deceased alive an	4/3		10 4/3	in death accurred on the date
and have and from the causes stated above. (1)	(Me) (q14) (q14 ev) ~1	ew the body after death	intiny) (opi) opinio	in decili occorred an the date
23A. SIGNATURE fore man	7	ew the body offer deoffic	123	B. DATE SIGNED
you sura	Ld Atten	ding Med. Si	raff .	1/3/70
23C. PHYSICIAN'S	DEGREE Phys.	Director P	iys. —	7/0//0
NAME (Type)	7-	Medical One	- Bulde	ing 2/20/
24A. BURIAL CREMATION, 24B. DATE 24C.NA	ME of CEMETERY OF CREA		ATION (City.	tawn, or countyl (Stotel
Dr. 10/20 DA			TUART	1/4
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O	RICK MEN	25C. FUNERAL DIRECTOR	777	ADDRESS
APR 7 1970 Real E. Falls		Connelly Far	12/2	300 Mare
/S 150-REV. 1/1/68		TO VINLEY TOU	and them	, race



+-525 N 36	53 BALTIMORE CITY CERTIFICA	THEALTH DEPARTMENT REG. NO.	70 3653
INAME OF DECEASED (Type or Print) FENHAGEN, (2. DATE AND HOUR OF DEA	TH = 72/2 \(\Lambda \)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4-5-70	15-12 PM
FULL NAME OF HOSPITAL OR II ADDRESS OR LOCATION)		A. USUAL RESIDENCE IWhere deceased lived. I. A. STAJE B. COUNTY A. STAJE B. COUNTY C. CITY OR TOWN D. II E. STREET AND NUMBER	NSIDE CITY LIMITS? YES NO NO
SO. BALTO, GEN.		1440 HENRY	ST. 21230
// WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 11-16-8 9. AGE (In years last birthday)	If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY
	as & Elec. Co.	Naryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JOHN. ()	EC).	Mollie? (DEC)	
5. Was Deceased Ever in U. S. Armed Forces? Yas, no or unknown) (III yes, give wor or dolos of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	212:05-61	& A Family	Same
LEADING TO DEATH (This does not mean the mode of dying, heart foilute, asthenio, etc. It means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FURSING CON	ving the (c) AS	A CONSEQUENCE OF: IN CALCULATED MA A CONSEQUENCE OF: OUT TO CALCULATED MA A CONSEQUENCE OF: OUT TO CALCULATED MA A CONSEQUENCE OF: OUT TO CALCULATED MA IN CERTIFIING CER	
			CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21& PLACE OF INJURY (e.g., in home, (orm, factory, street, of etc.)	n or obout 21C, WHERE DID (II In Baltim fice bldg., INJURY OCCUR?	ore City, give exact location)
21D-TIME (Month) IDoy) (Yearl (Hous) (APPROX.)	While AI Not While Work At Work	21F. HOW DID INJURY OCCUR?	,
22. I certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive		19 70 to 1970 to 1970 to 1970 and that in (my) (aur) o	45 1970
· · · · · · · · · · · · · · · · · · ·			pinian death occurred on the date
and hour and fram the causes stated above 23A. SIGNATURE	se (i) (me) (did not) v	lew the bady after death.	Lan Dave dia
Thaulen:	Salay DEGREE Phys	Med. Staff Phys.	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) > HANBIR.	-SALUJAMD	. SOUTH BALT: G	EN: HUSPITA
AA. BURIAL CREMATION, 248, DATE 249 REMOVAL (Specify)	DEGREE	MATORY 24D. LOCATION I	City, town, or county! Stote!
Burial li 8 70	Glen Haven	Glen Burnie, A	
APR 7 1970 Place C. Ja	AE OF REGISTRAR	25G. FUNERAL DIRECTOR Mc Cully	ADDRESS
THE STATE OF THE PARTY IN THE	TEN THE .	to of mo outry	TOO DO LOT 0 GAG.

EXAMINER'S

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

24A. BURIAL CREMATION.

REMOVAL (Specily)

VS 151-REV. 7/1/68

Russell S.

24B. DATE

Fisher, M.D

25B. NAME OF REGISTRAR

24C. NAME of CEMETERY or CREMATORY

3654 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO 1. NAME OF DECEASED 2. DATE Known Manth Day Year Hour (Type or Print) OF Estimated CLARENCE WADE DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Year Havr Dov PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) 4 1970 5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY Bon Secours Hospital Md. 7. RACE 6. SEX C. CITY OR TOWN D. INSIDE CITY LIMITS? 8. MARRIED NEVER MARRIED Male Negro WIDOWED DIVORCED Catonsville YES X NO 10.AGE (In years last birthdoy) 42 9. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months, Doys, Hours, Min. 104 Winters Lane 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 454 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during master warking life, even if refired) SCHOOLS USTODIAN OHNNA 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT 455 -22-0729 19. CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE Gunshot wound of torso (This daes not mean the mode of dying, e.g., BUNEZO DORAS ANCONSEQUENCE OF heart failure, asthenio, etc. It meons the disease, injury or complication which coused deoth.) (abdomen & chest) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c)_ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 228. PLACE OF INJURY (e.g., in or about location) home, larm, lactory, street, affice bldg., etc.) INJURY OCCUR?

Street 500 blk. of N. Mount St. 22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) OF INJURY WHILE AT NOT WHILE 2-28-70 (APPROX.) Subj. shot during assault and robbert 23. by unknown assailant. and that on this basis, deoth in my opinion I certify that I held on Inquiry Inspection Autopsy X resulted from: Notural couses Sulcide Homicide X Undetermined monner CHIEF MEDICAL EXAMINER X DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

24D. LOCATION

(City, town, or county)

ADDRESS

(Stote)

00 100 months of a significant of the significant

REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

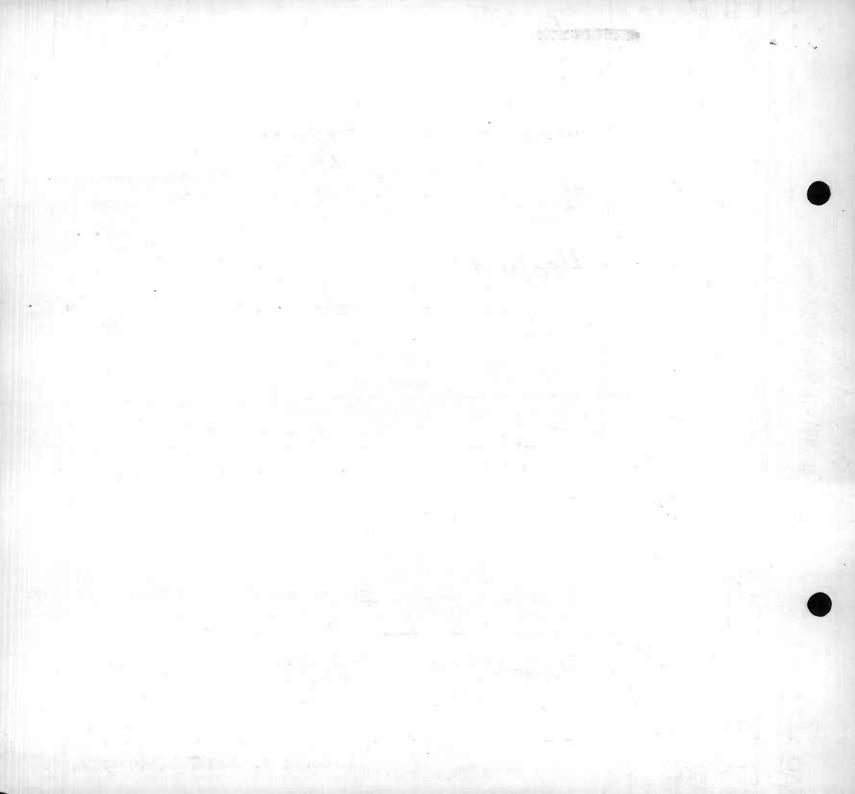
ADDRESS

WAS 151-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



H-452 MO 20	58 BALTIMORE CITY	HEALTH DEPARTMENT	710
10 36	CERTIFICA	TE OF DEATH X REG. NO.	70 3658
I, NAME OF DECKASED	OZIKI I TO	2. DATE AND HOUR OF DEATH	7
(Type or Print)	H	2-51 (1) 023	lo m
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If	institution: residence before admission)
3. FLACE IN BALINGRE, MARILAND, WHERE PRO	MOUNCED DEAD	A. STATE 8. COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	////) - Montgomery	6500
INSTITUTION	1	C. CITY OR TOWN	SIDE CITY LIMITS?
33 JOHNS HOPKINS	TOGETA	GATHERSBURG	YES NO
) Johnson		E. STREET AND NUMBER	
		KtE 3.	
5. SEX 6. RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	Months Doys Hours Min.
/ WIDOV		1-20-58 12	
tOA, USUAL OCCUPATION (Give kind of work 10B, KINE done during most of working lile, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student		Maryland	U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Thomas Llosla	11	Harriet Bladen	
5. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL		ADDRESS
Yes, no or unknown) (If yes, give war or dates of servi	ce) SECURITY NO.	Rt	• #5
No ,	None	Thomas R. Healand Gai	
18.746.61	CAUSE OF DEAT	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY	Myocar	dial Infarction	
LEADING TO DEATH	(A) IMMEDIATE CAS	JSE	
(This does not meen the mode of dying, heart failure, osthenia, etc. It means the dise		A CONSEQUENCE OF:	
injury ar camplication which caused death.)	Hemorr	hagic Shock	
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, if any, give		A CONSEQUENCE OF:	
rise to the obove cause (A) stating UNDERLYING CONDITION lost.	the Cardi	ac Operative Procedure	
	(6)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG -		m r vrs.
TO THE DEATH BUT NOT RELATED TO THE TERMIN	Congenit	al Heart Disease P.S.,	T.I. YES.
19A. PATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? IYes or No! 208. IF YES, WERE	FINDINGS CONSIDERED
= 83/31/70 WAS PERFORMED CONG. HEAD	T DISEASE T PS	YES IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Soltime	ore City, give exact location)
☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	home, farm, factory, street, o	ffice bldg., INJURY OCCUR?	
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY	White At Not White		
(APPROX.)	Work At Work		-/-/
22. I certify that (I) (this hospital) attended	ed the deceased from	13/70 6:30/W/19 to 8:4	23AM 3/3/ 1970,
that (I) (we) last sow the deceased alive	on 31MAREH	19 70 and that in (my) (aur) op	oinlon death accurred on the date
ond haur and from the causes stated above			
23A. SIGNATURE	e. (I) (and) (did) (displace)	view the body differ death.	23B, DATE SIGNED
14	AHN AHN	ending Med. Staff	21-1-
ANTHUR Jenny IL	NID GEGREE Phy	s. Director Phys.	2/31/10
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
Arthur Jenny,	M.D. GEGREE	The Johns Hopkins Ho	spital
24A, BURIAL CREMATION, 24B, DATE 24	C. NAME of CEMETERY OF CR		City, town, or county) (State)
REMOVAL (Specify)	Ponest Onla S		
BURIAL 3-70	Forest Oak Ce Me of REGISTRAR	250. FUNERAL DIRECTOR	ce, Maryland
ADD 7 10M PREE Jak	i MA	ROBERT A. PUMPHREY	, ROCKVLLE, MC.
HELL INC.	7		, , , , , , , , , , , , , , , , , , , ,
VS 150-REV, 1/1/68			



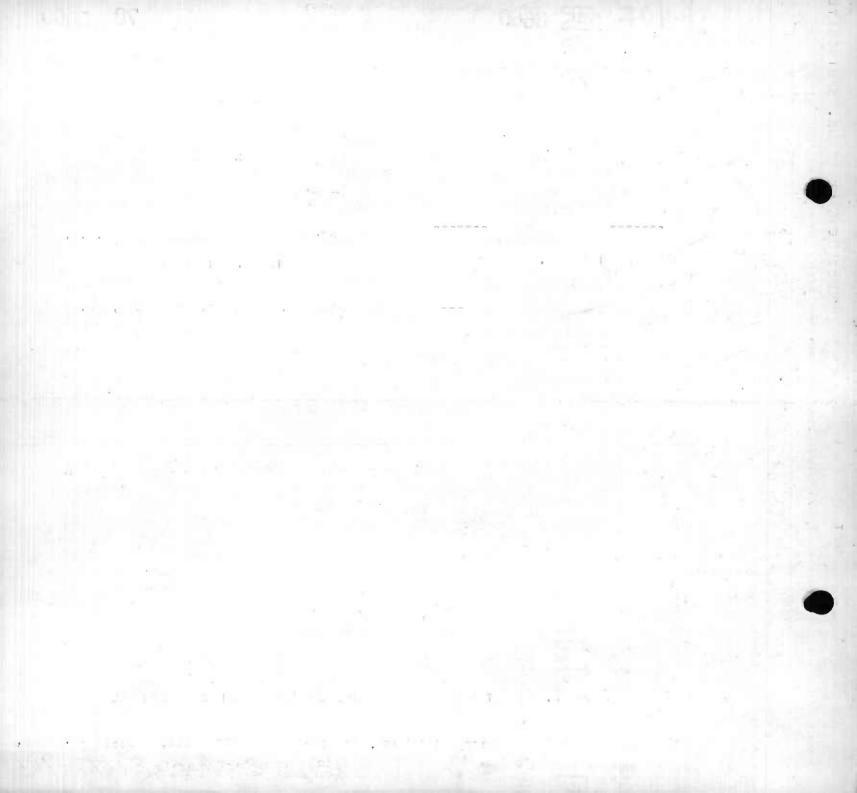
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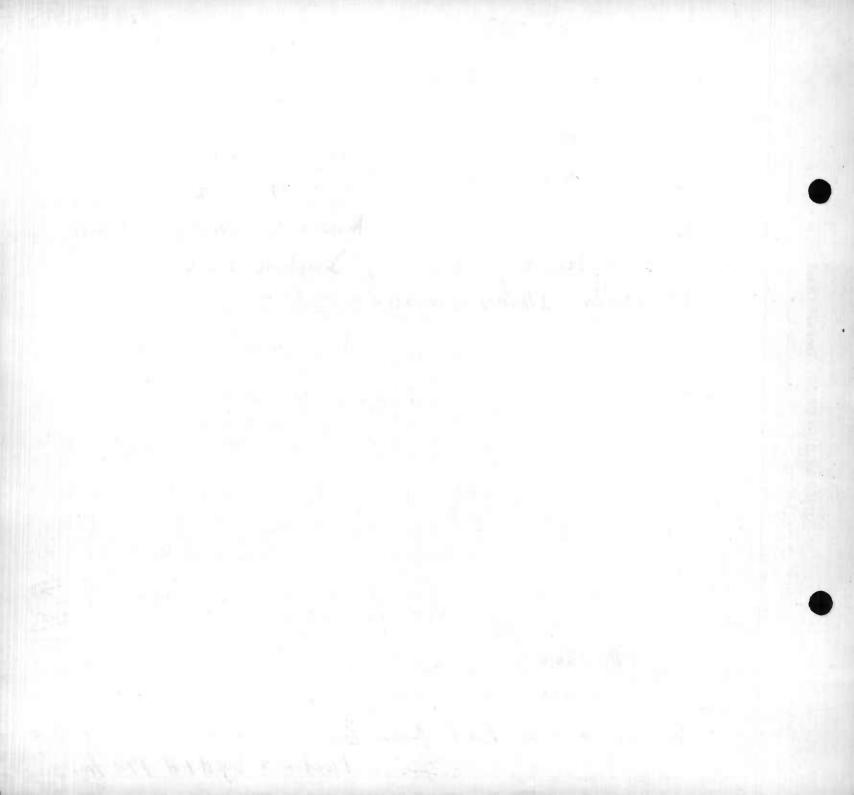
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VS 150-REV. 1/1/68



	2001		BALTIMORE CITY H	EALTH DEPARTMENT	100	10004
0	Dig of	BIR	TH NO. 70 3661 CERTIFICAT	E OF DEATH	REG. NO	3661
	of death of death Deceased e on the		PE OF PRINTI LEWIS, JAMES H.	2. DATE AND 1 4 14/70	3 - 10 pm	3 - 10 P.M.
	of of Dec	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	USUAL RESIDENCE (Where de STATE B. COUNTY	aceased lived. If institution:	residence before admission)
	hosp use ; (5) danc	FU HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland CITY OR TOWN	D. INSIDE CITY	2002
	/	1/	P Hospitel.	Bellimose	YES 🔀	NO 🗌
	ing ing ca ca rio	0		2566 W. Fac		we.
•	occurre ontribut ermined regular eased p	S. S	MIDOWED DIVORCED	10 - 5 . 97 lost	72 Months	ler 1 Yr. If Under 24 Hrs. Doys Hours Min.
	00 - 0 -		A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. 10 diging most of working life, even if retired)	BIRTHPLA CE (State or foreign	country) 12. CIT	TIZEN OF WHAT COUNTRY?
	0	100	Katived	Vewark, New	Jersey (1.S.A.
	direct or j. (4) Und h. was in the d	13.		MOTHER'S MAIDEN NAME		
5	lire ; (4 h t		hours Lewis		ewas.	
A	stant e di ind; eath e on al di	(Yes	s, no or unknown) (If yes, pive war or dotes; of service) SECURITY NO.	INFORMANT	2.(1)	ADDRESS
RT	th th ki de de fin		0/16/16 9/0/1/1/ 2/2 4 0/03 11	Elsie Levies (u	site) sa	me es above.
MPORTAN	ا ا		1B. CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E	Also, e of a nounc atten		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	melionent	ceclexie	
_	. Als ure o onou alme		(A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (DUE TO, OR AS A C	melignent op:		
8	ner act pr pr nlar		injury or complication which caused death)			
T	fr. fr. fr. fr. fr. fr. fr. fr. fr. fr.		ANTECEDENT CAUSES (B) Juno	ue et. Col	er .	
IRECTOR:	X X X X X X X X X X X X X X X X X X X		DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A rise to the above couse (A) sloting the	CONSEQUENCE OF:		
DIR	al e (3) (3) ian s in		UNDERLYING CONDITION last. (C)			
	medical medical burns; physicia an was remain	NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
No.	med house	ATI	DISEASE OR CONDITION GIVEN IN PART 1 (A).			
UNER	a rody ody	ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes) or No. 2	OB. IF YES, WERE FINDING N CERTIFYING CAUSES OF	S CONSIDERED DEATH?
5	by by 2) Be 2) Be 1) Be	CERT	21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in o	r obout 21 %. WHERE DID	(If In Boltimore City, g	ive exoct location)
ш	y the ital land ital land land land land land land land la	AL	OP CONTRIBUTING I CALLSE OF home form fectory street office	bldg., INJURY OCCUR?		
	00-5	EDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?	
	90000	WE	(APPROX.) While At Not While At Work			
	by XX		22. I certify that (I) (this haspital) attended the deceased from 3/) D to 4/4	19.70
	0 to 0		that (I) (we) lost saw the deceased alive an 3:10 pm 4/4			
	sed to		and haur and from the causes stated above. (I) (We) (did) (did nat) view	w the bady after death.		
	eased tident of hospital by death)		23A. SIGNATURE D D CAR	C Mad C Sta		ATE SIGNED
	at of all		M. Docares Attends	Director L Phy	's	1/4/70
	0 - 0 - >		PATIMA BOSE M.D	Lutleun	Hospitel	, Baltimore.
	A (1) A d p d p d p p	244	A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREM	ATORY 24D. LOC	ATION, (City, town,	or county) (State)
	F 10 0 0 C		REMOVAL (Specify)	Com Ro	He,	hd.
	This cert the body shows: (was D.O decease	254	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR ADR 7 1970 Liber E. Janes M. D.	25C. FUNERAL DIRECTOR	1 511	ADDRESS
	This the back was dece		APR 7 1970 Men E. Jaiben, M.D.	Morton &) D	gett t. H 170	1 LAUKERS St
		VS	1SO-REV. 1/1/6B			



IMPORTANT

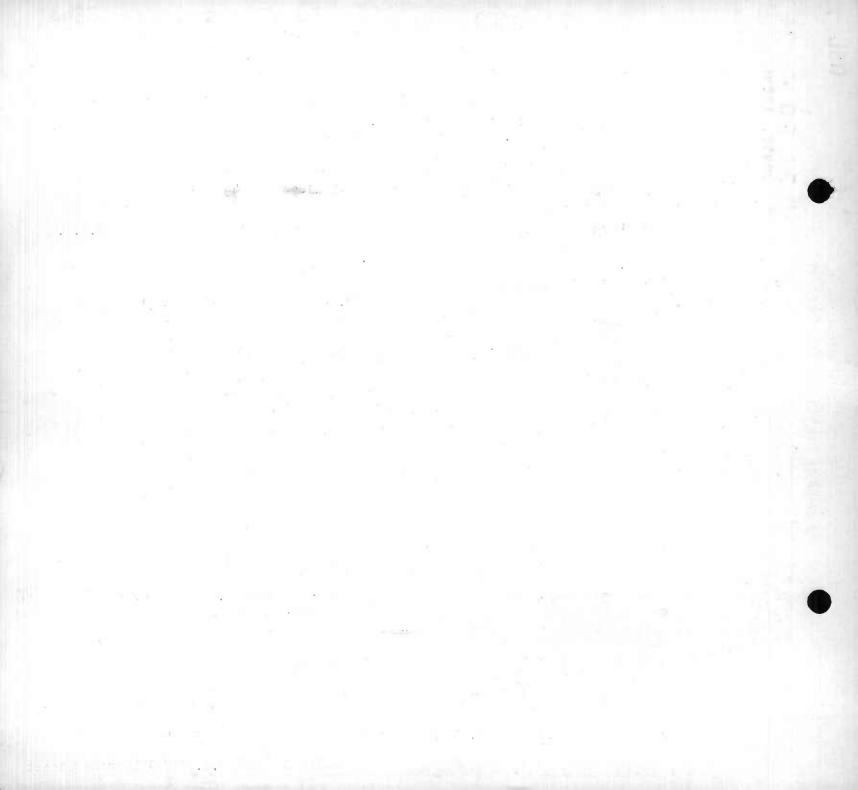
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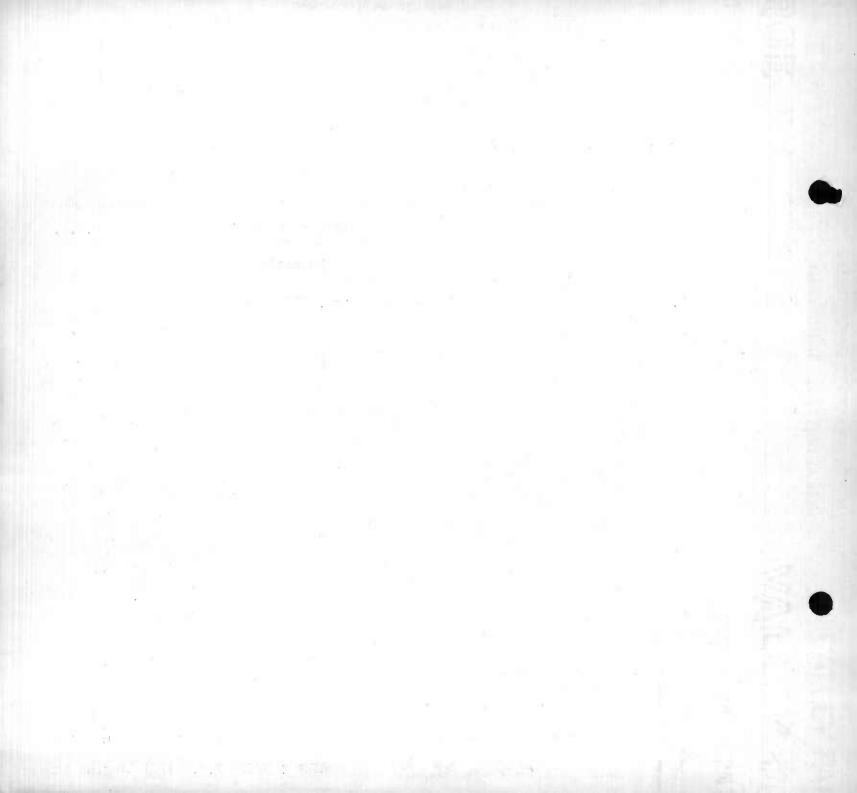
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VS 150-REV. 1/1/68



VS 150-REV. 1/1/68



	BALTIMORE CITY HEALTH DEPARTMENT
ВІ	70 3665 CERTIFICATE OF DEATH REG. NO. 70 3665
	NAME OF DECEASED Spe or Printle Gloria L. H.V. 2. DATE AND HOUR OF DEATH 4/3/70 500 P. A.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 14. USUAL RESIDENCE (Where deceased lived, If institutions testificates before admission
FLH	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ASSISTED WAS 1608
1	C. CITY OR TOWN O. INSIDE CITY LIMITS? YES NO
5	E. STREET AND NUMBER
	61 Woodington Roll
	SEX TO MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years lost birthday) Nonths Doys Hours Min.
10/	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stolo or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stolo or foreign country)
	oterk sur ser Bathman md USA
3.	Eddie Hill Liche Hill
5. Yo	Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.
	m m 212-48-1039 Hrs 14-11 411 (1) 1 1 D
	18. CAUSE OF DEATH APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE Set True 1 (DUE TO, OR AS A CONSEQUENCE OF:
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or camplication which caused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: A lass cases
	ANTECEDENT CAUSES (B) intravidominal #195 (4)5 5 days
	DISEASES OR CONDITIONS, il any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
	inse to the above cause (A) stating the
	UNDERLYING CONDITION last. (c) Suspected intradolumnal perforation
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
ATIC	DISFASE OR CONDITION GIVEN IN PART 1 (A)
FIC	1994 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION (20A AUTOPSY? (Yes of No.) 208. IF YES WERE FINDINGS CONSIDERED
CERT	17.1911 intermed obstruction
AL O	OR CONTRIBUTING CAUSE OF home, form, fociory, street, effice bidg, INJURY OCCUR?
DIC	DEATH inotify medical examiner etc.)
MEL	OF INJURY
	Work LI Al Work LI
	22. I certify that (I) (this hospital) attended the deceased fram 4 1 19 76 to 9 19 78
	that (1) (we) last saw the deceased alive an
	and have and fram the causes stated abave, (i) (We) (did) (did nat) view the bady after death.
	23A. SIGNATURE 23B. DATE SIGNED
	Attending Med. Staff Director Phys. 4/3/76
	Edward O, Hunt, J. WP Provident Hospital
4/	A. BURIAL CREMATION, REMOVAL (Specify) 24B, DATE 24C, NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) (Stole)
	Burial 4-8-70 Hobertus Men. Park Baltimore, Maryland
25 <i>A</i>	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
_	APR 7 1970 Silve E. Jaben M.D. Morton & Digett Fith 1761 Launers St.
ſ	150-REV. 1/1/68



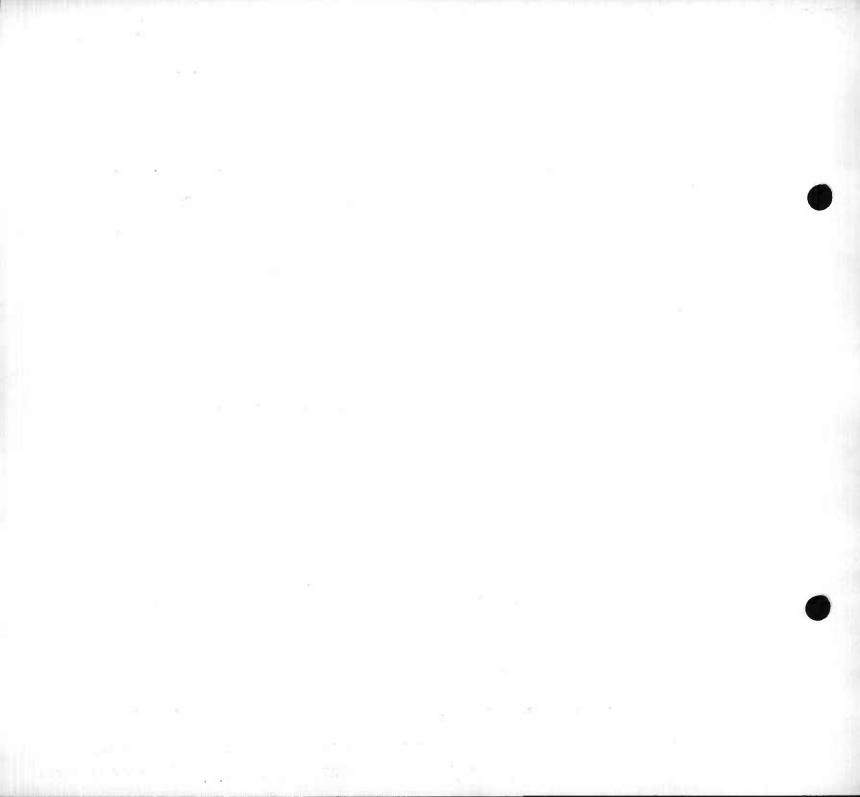
	CITY HEALTH DEPARTMENT 70 3666
BIRTH NO. 70 3666 CERTIFI	ICATE OF DEATH REG. No. 70 3666
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Type of Print) ANNIE WOODRUM 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4-4-70 1015.
STRACE IN SALIMORE MARILAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
LINCOLN MEMORIAJ NURSING HOM	S. It side diff cining
27 N. CAREY STREET	1531 £. Treston A.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr. If Under 24 His Months; Doys Hours Min.
F NEGRO WIDOWED DIVORCED	10 6/15/99 Ides birthday) Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
UNKNOWN UNKNOWN	U.S.A. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	2/N KNOWN (Anthong Bell)
(Yes, na or unknown) Ill yes, give war or dotes of sorvice) SECURITY NO.	Mr John Woodrum 1531 E Preston St
18. 4 / O . Y I CAUSE OF D	DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEAT
LEADING TO DEATH	CAKA-44 I Thurmber at
(This does not mean the mode of dying, e.g., (A) IMMEDIATE	R AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	n as a consequence or:
ANTECEDENT CAUSES	V
(9)	
DISEASES OR CONDITIONS, il ony, giving DUE TO, O	R AS A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	

MILY ADATE OF OPERATION 1198, CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yos or No.) 20B, IF YES, WERE FINDINGS CONSIDERED
	IN CERTIFYING CAUSES OF DEATH?
OR CONTERUTING CAUSE OF	e.g., in or obout 21 C. WHERE DID (If In Boltimare City, give exact location)
DEATH (notify medical examiner)	
210. TIME (Manth) 1Doy) (Year) 1Hour) 21E, INJURY OCCURRED While At I No.	21F. HOW DID INJURY OCCUR?
(IATTRUM)	While D
22. I certify that (1) (this hospital) attended the deceased from	
	19 days
that (I) (we) last sow the deceased alive an 4-4-	19and that in(my) (our) opinion death occurred on the date
and hour and fram the causes stated above. (1) (We) (and) (did no	ot) view the bady after death.
23A, SIGNATURE	23B, DATE SIGNED
final his	Attending Med. Director Phys. 4-4-71
23C. PHYSICIAN'S NAME IType)	7 23D. ADDRESS
MAINE (1) Pel	
24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY of	GREE
KEINIO A WE (Specify)	Color, Co
1 / / / Days	
APR 7 1970 POSE E. Seller N. D.	25C. FUNERAL DIRECTOR ADDRESS
	IMPRITOR & KINCE FH. BUTO-MILLER
VS 150-REV. 1/1/68	TOM E ALL TOM E

Dyett



5-43-79 js 1			7	0	0000	BALTIMORE CITY				mo	0.5017
55656		TH NO.		U	3667	CERTIFICA	TE OF D	EATH	REG. NO		3667
death death eased n the Such		PAME OF DEC						2. DATE	NO HOUR OF DEATH	1	
F. F.	3.	PLACE IN BAL	Lillie						1:25 p.m.		4-2-70 M
G 0 0 5	Ш		IIMORG MARILA	ND, WH	ERE PRONOUN	CED DEAD	A. STATE	B. COU	nere deceased lived. If	institution; resid	dence before admission)
hos Jse (5) dend	FL	LL NAME OF	(IF NOT IN E	LOCAT	L OR INSTITUTI	ON, GIVE STREET	Maryla c. City or to	and			605
red to	IN	NOITUTIES			ity Hosp		11		D. IN	SIDE CITY LIMI	TS?
rau raute ior		31			a Avenue		Baltin			YES 🔼	№ □
79.2					Maryland		11		m CL D-14	. 2/12	02002
curre rribut mined gular	5.	EX	6. RACE			NEVER MARRIED	B. DATE OF BIR		en St., Balt		
occurre ontribut ermined regular regular is made	F	emale	Negro		WIDOWED X		1-13-95		9. AGE (In years lost birthday)	Months Do	Yr. It Under 24 Hrs. Dys Hours Min.
ter ter	10/	USUAL OCCU	PATION (Give kind	of work 10	B. KIND OF BI	USINESS OR INDUSTRY	11. BIRTHPLACE	(State or for	75	12. CITIZEN	OF WHAT COUNTRY
de in de	don	e during most of v	vorking tife, even if re	etired)					Baltimore		ed States
de de	13.	FATHER'S NAM	A E				14 MOTHER'S			0111.00	ed States
direct direct d; (4) U th was on the dispos			Burris					Burri			
+ 50	15.	Was Decoased	Ever in U. S. Arm	ed Force	e? It /	5- SOCIAL					
0 0 0	(Ye	, no or unknown)	Of yes, give wor	or dates	of servicel	SECURITY NO.	17. INFORMANT		4940 Easter		
d d anc	-	No.	-				BCH Reco	ords:	Baltimore, M	aryland	21224
0 0		18. 4 5	6 171			CAUSE OF DEATH	1				APPROXIMATE INTERVAL
0 + 0		# DISEAS	E OR CONDITION	N DIRE	CTLY		10.00	A	au -		
5 5 BE		(This does no	of meon the mor	de ol d	ying, e.g.,	(A) IMMEDIATE CAU	SE WAY	OF	iouse		10 Min
fractu o pro gular emba		injury or com	asthenia, etc. If r	neans th	e disease, eath.)		. TONGE OF THE				10 mm
0 50 0		A	NTECEDENT CA	USES		De la	non sula		1.10.1		2.01
n wh		DISEASES O	R CONDITIONS,	il an	y, giving	DUE TO, OR AS	A CONSEQUENC	E OF:	Cam		2 whs
E.E.S		use to the	above cause	(A) s	loling the	(c)				ĺ	
ain			11			(c)	****************				
He	NO	OTHER SIGNIFIC	CANTICONDITION	S CONT	RIBUTING						
0	ATI	DISEASE OR CC	BUT NOT RELATED	N PARI I	(A)_	***************************************					
‡	CERTIFICATION	IYA. DATE OF	OPERATION 198.	CONDIT	TON FOR WHI	CH OPERATION	20A. AUTOPS	Y? (Yes or N	O) 208, IF YES, WERE	FINDINGS CO	NSIDERED
510	CE	21 A. ACCIDEN	WAS UNDERLY	NG	21R BI	ACE OF INTHOVA-	NO NO	Henr St			
efo		OR CONTRIBUT	T WAS UNDERLY	F	home, i	ACE OF INJURY (e.g., in larm, factory, street, off	ce bidg., INJURY	OCCUR?	(If In Baltima	re City, give ex	act location)
0	DIC		(Month) (Day) (Yand '		Way Control					
9	MEDI	OF INJURY	irriviinii (bay) (eon/ (While A	At Not White		W DID IN.	JURY OCCUR?		
tained					WOIK	AT WORK					
obt			hat (t)-(this hos				3-4		19 <u>76 to</u>	4-2	19 20
be	ar i		ast saw the dec			4-2	19 20	ond th	nat in (my) (our) opi	nion death o	ccurred on the date
		and hour and	from the causes	stated	obave, (H) (Y	Ye) (dld) (d ld nor) vi	ew the body af	fter deoth.			
deat		23A. SIGNATUR	11	// 10	lin	DNA				238. DATE SI	,
8		41	MICH	3 le	MI	DEGREE Phys.	ding Me	rector	Staff Phys.	4-	2-70
100		23C. PHYSICIAN NAME ITY	rs pet			2	D. ADDRESS		more City Ho		
approv		Joh	n R. Brec			DEGREE	4940 Eas		ve., Balto.,		224
0	24A	REMOVAL (Sp	ATION, 248 DAT	E	24C, NAME	of CEMETERY OF CRE	MATORY			ly, lawn, or co	
written a		Burial	4-7	-70	Mou	ınt Auburn Ce	emeterv		Baltimore.	M 1	eu d
	25A	DATE REC'D	Y HEALTH DEPT.	25	B E, Jan	EGISTRAR	2SC. FUNERAL	LDIRECTOR	₹.		ADDRESS
-	_	APR		Koller	الا كر الاحداد	S. 1. 1.	MORTON	& DYE	TT F.H. 17	01 Laure	ens Street
	VS 1	SO-REV. 1/1/68									



VS 150-REV, 1/1/68



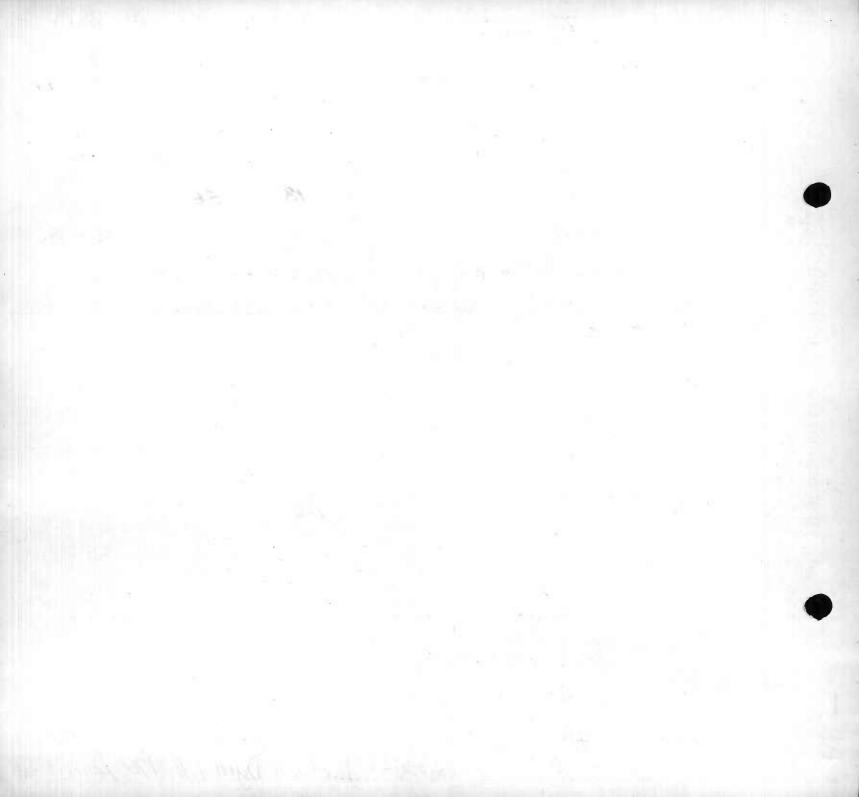
	BALTIMORE CITY HEALTH	DEPARTMENT
	RTH NO. 70 3669 CERTIFICATE O	F DEATH REG. NO. 70 3669
	VILLIE WILLIAMS	2. DATE AND HOUR OF DEATH
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 14. USUA	AL RESIDENCE Where deceased lived, if institution; residence before admission
FU	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OF LOCATION)	E B. COUNTY
1	B	ALTO YES NO
0	R3(NA) 1703/11.17C	et and number GWWN FALLS 1619 1-
	M N WIDOWED DIVORCED 10/	OF BIRTH 9. AGE (in yours light Under 1 Ye. It Under 24 Hrs. Months Doys Hours Min.
104	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTH	FLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY
	Refired Calv	ert Co. South Groham U.S.A.
13.		HER'S MAIDEN NAME
16	Willie Williams Ja	mie Williams
(Ye	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	T 41 011
	No. 512-03-0362 Mrs.	. Leene Cosby 3614 Ressters town Ro
	CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	rebrovascular Accident 10 m
	(A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSECTION (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSECTION (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSECTION (B) IMMEDIATE CAUSE DUE TO, OR AS A CONSECTION (C) IMMEDIATE CAUSE (C) IMMEDIATE CA	The state of the s
	injury or camplication which caused deoth.)	
	ANTECEDENT CAUSES (8)	Pertension
	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the	
	UNDERLYING CONDITION lost. (C) Hater C	o Schrotic Cardio Varcular disea
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
ERTIFIC/		AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
ERT		IN CERTIFYING CAUSES OF DEATH?
CA	21A- ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout home, farm, foctory, street, office bldg., etc.)	21C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR?
MEDI	21D. TIME (Month) (Doy) (Yeorl (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
<	(APPROX.) While At Work At Work	
i	22. I certify that (1) (this hospital) attended the deceased from	3/70 19 to 4/4/70 19
	that (1) (we) last saw the deceased alive on 4/4/70 19	
	and hour and from the causes stated abave. (1) (We) (did) (did not) view the b	
	23A. SIGNATURE	Med. Shelf For
	23G. PHYSICIAN'S DEGREE Phys.	Med. Stoff Director Phys. C 4/4/70.
	23C. PHYSICIAN'S NAME (Type) GAYNOR 23D. ADDR	Sinon Hospital
24A	A BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY	24D. LOCATION (City, town, or county) (Stote)
	Bureial 4/9/70 Mt. Huburn Cem	. Balte. Hd
25A	A DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. F	UNERAL DIRECTOR ADDRESS
/\$	150-REV. 1/1/68	eton & Dyett t. H 1701 haurous St.
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5-6)0	BIRTH NO. 70 3670 CERTIFICATE OF DEATH REG. NO. 70 3670
an leat sase Suc	1. NAME OF DECEASED (Typo or Print) Line Barney (Darney) 2. Date and Hour of Death (Typo or Print) Line Barney (Darney) 2. Date and Hour of Death (Typo or Print)
hospi Ise o (5) D ance deat	3. PLACE IN SALTIMORE, MARTLAND, WHERE PROMOUNCED DEAD 4. USUAL RESIDENCE (Where decodes lived, II institution: rosidence before admission) FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR JOCATION) O. INSIDE CITY LIMITS?
d in ing cau	Frovident Hoff (D.O.A) E. STREET AND NUMBER 10/7/1 Cavollion and
occur ontrik ermin regul	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost birthday) 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or loveign country) 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or loveign country) 112. CITIZEN OF WHAT COUNTRY?
T if death rect or c (4) Undet was in the decision is position	done during most of working life, even if refired) Batte. Co. Haryland 4.5. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ORTANT assistant if the direction with the direction with the direction with the death dance on the final disk	15. Wos Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) III yes, give war or doles of servicei SECURITY NO. 17. INFORMANT Medical griding
or his Also, ee of a nounce attended on the of a	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (C) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (C) IMMEDIATE CAUSE
ECTOR: Examiner Examiner A fractur Who profular regular are embal	heart failure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above couse (A) stoling the
AL DI nedica edical surns; hysicia	UNDERLYING CONDITION lost. (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
Chies Chies Body Sicion the	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A-ACCIDENT WAS UNDERLYING 21B-PLACE OF INJURY leage, in or obout 21C, WHERE DID (If In Bollimore City, give exect location)
ature; (6) No ined before	OF CONTRIBUTING CAUSE OF home, form, foctory, street office bldg, INJURY OCCUR? DEATH (natify medical exemines) home, form, foctory, street office bldg, INJURY OCCUR? 21D.TIME IMonth (Doy) IYear (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work Not
of arroy of	22. I certify that (I) (this hospital) attended the deceased from 11/6 19 70 to affine death occurred on the date
must be a released to accident of a hospital or to death)	and haur and fram the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Med. Staff Phys. Director Phys. D
ificat (was 1) An A. at d prio	23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 15totel
This certif the body shows: (1) was D.O. deceased	Buriof 4/1/10 Ptt. Hubura Com. Balto. Hid- 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF AFGISTRAR D. 25C. FUNERAL DIRECTOR APR 7 1910 VINERAL ST. MORTON & DUEH F. H. 1701 GUREAS ST.
	VS 150-REV. 1/1/68



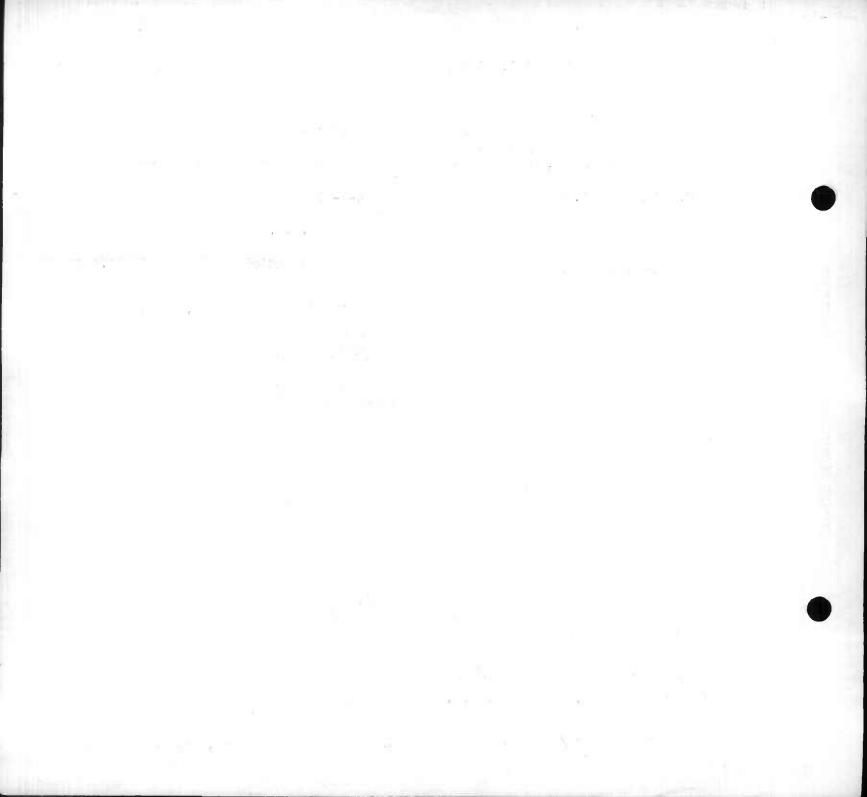
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on: residence before odmissian)
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TY LIMITS?
□ NO □
21215
Inder 1 Yr. If Under 24 Hrs. Haurs Min.
CITIZEN OF WHAT COUNTRY
CHIZEN OF WHAT COUNTRI
y. S. A.
ADDRESS
Decker Ave
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
11/1/2
10 4- 110
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OF DEATH? Give exact location) 3
7



BALTIMORE CITY H	EALTH DEPARTMENT
70 3677 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 3672
I. NAME OF DECEASED	2. DATE Known Month Day Year Hour
(Type or Prini) CHRISTINE LOGAN	OF 511 1 2 70 2.51
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted 4 2 /U 3:34 P A
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	April 2, 1970 3:54p
	5. USUAL RESIDENCE (Where deceased lived. If Institution; residence before admission) A. STATE B. COUNTY
Lutheran Hospital D.O.A.	Maryland 1006
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro WIDOWED DIVORCED	Balto. YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs	. E. STREET AND NUMBER
8-4-1969 losi birthdoy) Months, Doys Hours Min	
II. BIRTHPLACE(State or loreign country) 12. CITIZEN OF	957 Ellicott Drive
MUAT COUNTRY?	
	Walter Ellis
14A. USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTI	
Infant	Ruth Logon
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (Il yes, give wor or doles of service) SECURITY NO.	18. INFORMANT ADDRESS
No. Secont 1 40.	Mr. Walter Ellis 99 Russell Street
19. 1/ CAUSE OF DE	
TOVA	BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Rilateral bronchonnoumonic vival
(A)IMMEDIATE	CAUSE Bilateral bronchopneumonis, viral
heart failure, asthenia, etc. It means the disease, Injury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (6)	
	AS A CONSEQUENCE OF:
II I IINDESITING CONDITION LAST	
Z (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
S TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
DATE OF OFERATION 1208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	YES
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g. underlying ☐ OR CONTRIB. home, form, fociory, street, office of UTING ☐ CAUSE OF DEATH.	, in or obout 22C. WHERE DID (II in Boltimore City, give exoct location) to bidg., etc. INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT - NO	T WHILE C
	WORK L
I certify that I held on Inquiry Inspection A	stopsyXX and that on this basis, death in my opinion
resulted from: Natural causes Accident Suici	de Homicide Undetermined monner
1 Dr. ag	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE	ASSISTANT MEDICAL EXAMINER XX
SIGNATURE M.I	
NAME (Type) Isidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER 4/3/70
24A, BURIAL CREMATION. 24B, DATE 24C NAME of CEMETERY	
II DEMOVAL (C	or CREMATORY 240, LOCATION (City, town, or county) (State)
REMOVAL (Specify)	(Sinsy)
Burial 4-8-70 Western Star	Cem etery Catonsville Maryland
Burial 4-8-70 Western Star 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Cem etery Catonsville Maryland 25C. FUNERAL DIRECTOR ADDRESS
Burial 4-8-70 Western Star	Cem etery Catonsville Maryland

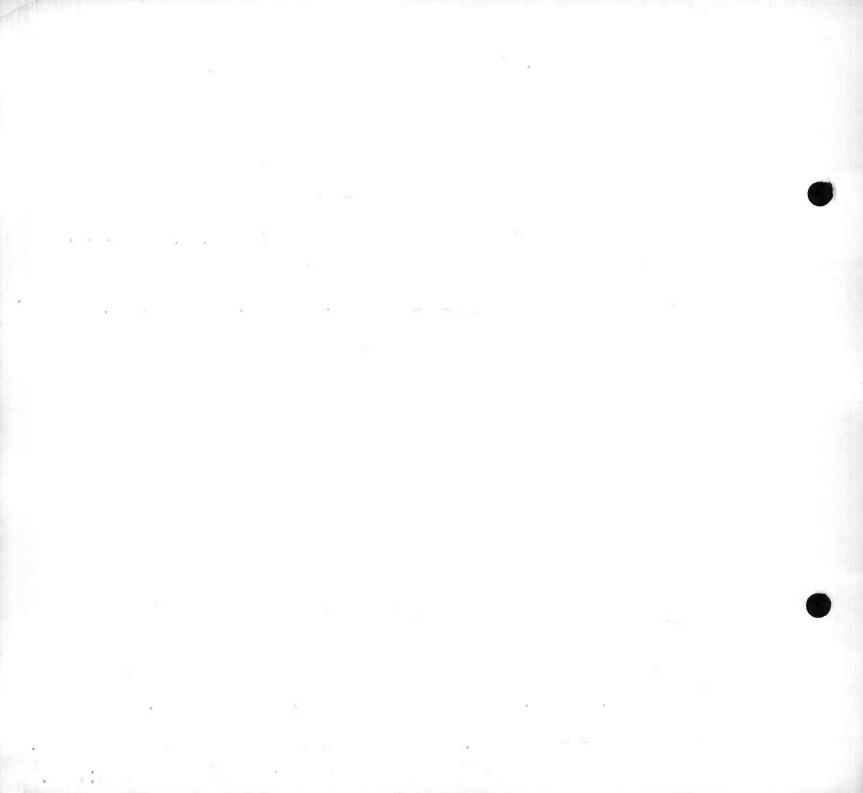
VS 151-REV. 1/1/68

150-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH REG. NO. 70 3674 CERTIFICATE OF DEATH REG. NO. 70 3674 CITYPO OF PRINT) Ruth S. Through 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 70 3674 A DATE AND HOUR OF DEATH A DATE STORY A USUAL RESIDENCE (Where deceased lived, If institution: lesidence below the property of th	5 p
Ruth S. Through 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Ruth S. Through April 2, 1970 4. USUAL RESIDENCE (Where deceased lived. If institution: residence below B. COUNTY Maryland 2. Date and Hour of Death April 2, 1970 9. STATE Maryland April 2, 1970 9. STATE Maryland	- 10
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) April 2, 1970 4. USUAL RESIDENCE (Where deceosed lived, if institution: tesidence below. If the street institution is the street institution in the street institution is the street institution. It is the street institution is the street institution in the street institution in the street institution is the street institution in the street insti	- 10
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) 14. USUAL RESIDENCE (Where deceosed lived, If institution: residence before the property of the propert	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland 2	re odmissio
ADDRESS OR LOCATION)	11/
	111
C. CITY OR TOWN D. INSIDE CITY LIMITS?	
Baltimore YES NO	
0 106 Woodlawn Road	
5104 Whiteford Avenue	
SEX 6. RACE 7. MARDIED ALCUED MARDIED 38. DATE OF RIRTH 19 AGE 110 MORE TO 11 MILES NO. 11 MILES	Inder 24 Hr
F WIDOWED DIVORCED 7-30-1877 Tost birthdoy! Months: Days Hour	s Min.
OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country)	T CO.
one during most of working life, even if felired)	i convi
Homemaker Own Home New York City N. Y. U.S.A. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Francis Horatio Stubbs Mary Eliz Burnett	
S.W. D S H. CA	
No 16. SOCIAL SECURITY NO. 17. INFORMANT 5104 Whitefore 334-44-2734 Mrs. James O. Armacost, Jr.	3 1
No 334-44-2734 Mrs. James O. Armacost. Jr.	AVE
18. 44 0 4 1 CAUSE OF DEATH	
Terminal Maria	
LEADING TO DEATH	
(This does not meon the mode of dying, e.g., (A) IMMEDIATE CAUSE Solvente OF	
heart (oilure, asthenia, etc. It means the disease,	
CThis does not meen the mode of dying, e.g., heart (citure, asthenia, etc. it means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES (A) IMMEDIATE CAUSE (State as Action Due 10, OR AS A CONSEQUENCE OF: WAS cullar Ausiase	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
ise to the abave cause (A) sloting the	
UNDERLYING CONDITION last. (C)	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes of No.) 208. IP YES, WERE FINDINGS CONSIDERED	
198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?)
OR CONTRIBUTING CO. CAUSE OF INJURY 18-90-111 OF CONTRIBUTING CITY, give exact locotton	n)
DEATH (notify madical examiner) Notice of the community	
I WE INTEREST THE WAY OF THE WAY	
(APPROX.) While At Not While Not Work At Work Not Work Not While Not Work	
	17
	1970
that (1) (we) lost saw the deceased alive on 25 6 Tales 19/20 and that in (my) (our) apinian death occurred	on the dat
and haur and from the couses stated above. (1) (We) (dld) (dld nat) view the bady after death.	
23A, SIGNATURE	
Attending Med. Stoff 7	
	970
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	
Dr. John W. Barnaby 1652 E. Belvedere Ave.	
AFCORE	
A. BURIAL CREMATION 24R DATE 24C NAME AL CEASEVERY	(Stota)
AA. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	1-1010
4A. BURIAL CREMATION. 24B. DATE 24C. NAME OF CREMATORY 24D. LOCATION (City. town, or county)	
Burial CREMATION 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City. town, or county) Burial 4-6-1970 St. John's Episcopal Baltimore,	Md.
AA. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City. town, or county) Burial 4-6-1970 St. John's Episcopal Baltimore.	



VS 150-REV. 1/1/68

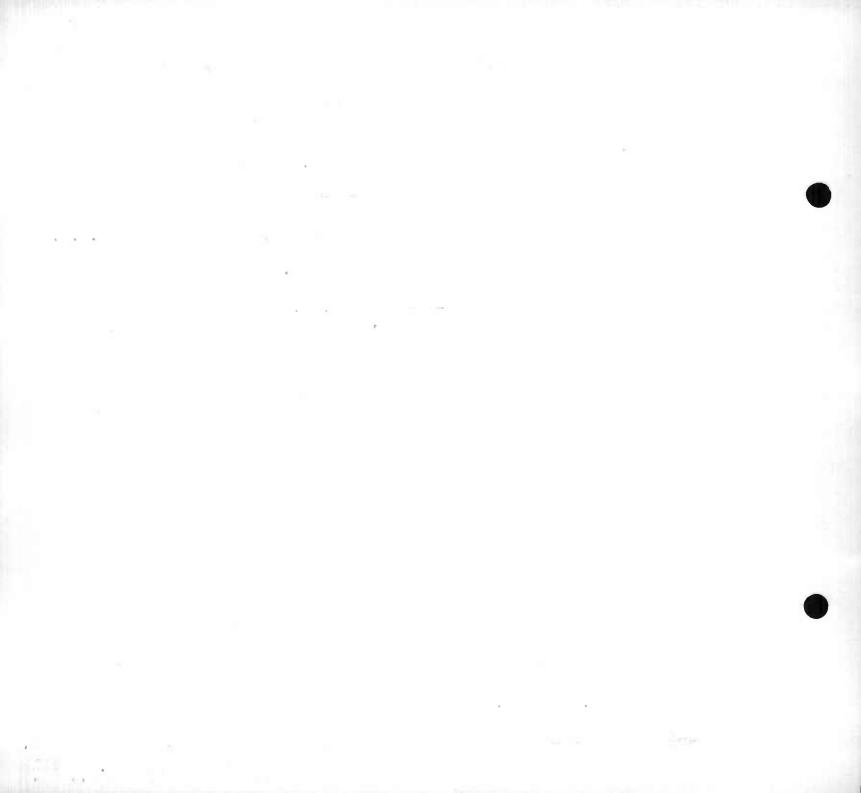
71. 17. 07.9 (No.)

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

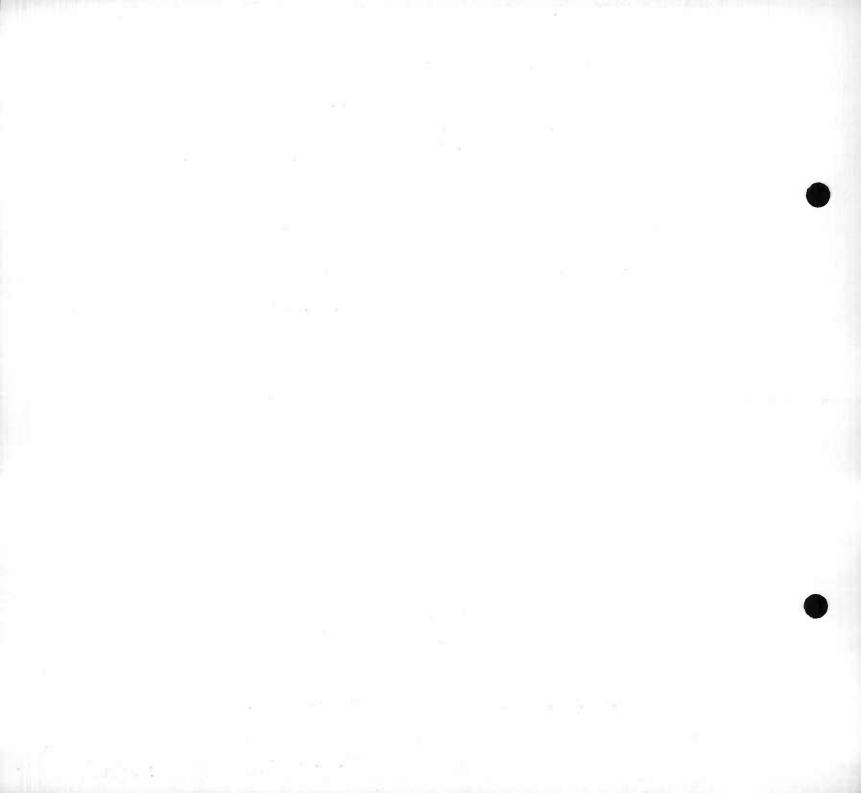
1)-500	1 1	20110	BALTIMORE CIT	Y HEALTH DEPARTMENT		1547N	1540
BIRTH NO.	70	3676	CERTIFICA	TE OF DEATH	REG. NO	70	3676
I. NAME OF DEC	EASED			10.000			
(Type or Print)		ed H. Do	nachy	Apri	ND HOUR OF DEATH	1	/30 D
3. PLACE IN BALT	TIMORE, MARYLAND, V	WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. Il	institution; resid	ence before admission
				A. STATE B. COU	NTY		1111
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	TAL OR INSTITUTI	ON, GIVE STREET	Mary land	1	/	201
Mailtollon				1		SIDE CITY LIMIT	
91	Long Gre	en Nurs	ing Home	Baltimore 2	1210	YES X	№
10			0	Broadview A	ots.		
· SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Months: Do	Yr. If Under 24 Hrs.
F	W	WIDOWED X	DIVORCED	11/5/1895	tost birthday)	Months Do	ys Hours Min.
OA. USUAL OCCU	PATION (Give kind of wor	k 108 KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	eign country)	12. CITIZEN	OF WHAT COUNTRY
one during most of A	working tile, even if retired) eight Clair						
3. FATHER'S NAM		nts B & C	RR	Baltimore,	Md .	U,	S.A.
	e Dopman						
	Carlo - Advisor - Control			Margaret Co	llins		
os, no or unknown)	Ever in U. S. Armod For	rces?	SECURITY NO.	17. INFORMANT		A	DDRESS
No		7	05-05-7412	Auston X.Do	nman 1501	Dunlan	21204
18.410	4		CAUSE OF DEAT		DIRECT TOUT	1 A	PPROXIMATE INTERVAL
DISEAS	E OR CONDITION DI	RECTLY		1. 40 /	ON	BETY	WEEN ONSET AND DEATH
	LEADING TO DEATH		(A)IMMEDIATE CAL	Celle Dullera	iku XII	2 40000	
(This does no	of mean the mode of osthenia, etc. Il means	dying, e.g.,		A CONSEQUENCE OF:	vy xal	Albert	
injury or comp	plication which coused	deoth.)			/	i	
	NTECEDENT CAUSES			0	,	- 1	
	R CONDITIONS, if		(B)	A CONSEQUENCE OF			PP 777 65 44 6 44 6 44 6 44 6 44 6 44 6 44
rise to the	obove couse (A)	stoting the	DUE 10, CHES	A CONSEQUENCE OF			
UNDERLYING	CONDITION lost		(c) (s)	CUAT			***************************************
	- 11						
OTHER SIGNIFIC	CANT CONDITIONS CO	ME TEDIAINIAI				1	
DISEASE OR CO	NOTION GIVEN IN PAR	T 3 (A).					*****
TO THE DEATH DISEASE OR CO 19A. DATE OF	OPERATION 198 CON	IDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yos or N	O) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CO	NSIDERED TH?
21A ACCIDENT	T WAS HARDEN WAS T	1 lasa si		160			
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examines	21 B, PL, home, etc.)	ACE OF INJURY (e.g., in form, foctory, street, of	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If tn Boltimo	re City, give ex	oct location)
f and month t			JURY OCCURRED				
,	(Month) (Day) (Vand	(Hour 21E IN	JURY OCCURRED				
21 D. TIME OF INJURY	(Month! (Day) (Year!			21F. HOW DID IN.	IURY OCCUR?		
,	(Month) (Doy) (Yeori	While Work		ļ	/7 /	24.	1 00
21 D. TIME OF INJURY (APPROX)		While Work	At Work	ļ	1967 to	p+ 4	10 70
21D. TIME OF INJURY (APPROXI	(Monihi (Doy) (Year that (i) (this hospital last sow the decease	While Work	At Work	Moy	1967 10	plan death o	19 <u>70</u>
21D. TIME OF INJURY (APPROX) 22. I certify that (I) (we) I	that (1) (this hospital	While Work attended the dive on	At Not White At Work	710 g ond th	17 (nian death o	19 Courred on the date
21D. TIME OF INJURY (APPROX) 22. I certify that (I) (we) I	that (i) (this hospital last sow the decease from the courses stop	While Work attended the dive on	At Not White At Work	Moy	1967 10		
210.TIME OF INJURY (APPROXI 22. I certify that (I) (we) I and hour and	that (i) (this hospital last sow the decease from the courses stop	While Work attended the dive on	At Not White At Work decreosed from	19 70 and the few the body after death.	1907 to definition of the second seco	nian death o	
21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) I and hour and 23A SIGNATUR	that (I) (this hospital last sow the decease from the couses stot	While Work attended the dive on	Not White At Work deceosed from	19 70 and the few the body after death. Med. Director	1967 10		
21D. TIME OF INJURY (APPROXI 22. I certify t that (I) (we) I and hour and	that (I) (this hospital last sow the decease from the couses stot	While Work attended the dive on	Not White At Work deceosed from	19 70 and the few the body after death.	1907 to definition of the second seco		
21D. TIME OF INJURY (APPROXI) 22. I certify that (I) (we) I and hour and 23A SIGNATUR 23C. PHYSICIAN NAME (TY	that (i) (this hospital last sow the decease from the courses stores from the courses stores from the courses stores from the courses stores from the course sto	White Work I) attended the old grive on yeld above (1) (1)	At Not Whith At Work Not Whith At Work Not White Not White	19 70 and the few the body after death. Med. Director 1230. ADDRESS	1907 to definition of the staff Phys.		
21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) I and hour and 23A SIGNATUR 23C. PHYSICIAN NAME (Type) A. BURIAL CREM	that (1) (this hospital last sow the decease from the courses stores and the courses stores and the course stores are the course sto	White Work attended the old grive on and grown (i) (i) and G. Hell	Not White At Work deceosed from	19 70 and the few the body after death. Med. Director 1230. ADDRESS 5006 Roland	1907 to del in (my) (our) del Staff Phys.		GNED
21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) I and hour and 23A SIGNATUR 23C. PHYSICIAN NAME (TY	that (i) (this hospital last sow the decease from the courses stored in the course stored in	White Work i) attended the led glive on yid gbayes (1) (1) G. Hell 24C, NAMI	Not Whith At Work deceosed from DEGREE Phys Trich DEGREE E of CEMETERY of CRE	19 70 and the few the body after death. Med. Director 123D. ADDRESS 5006 Roland MATORY 24D. L	Shaff Phys. AVE	238. DATE SI	GNED Control
210. TIME OF INJURY (APPROXI) 22. I certify that (I) (we) I and hour and 23A SIGNATUR 23C. PHYSICIAN NAME (Type IA. BURIAL CREM REMOVAL (Sp Burial	that (1) (this hospital last sow the decease from the courses stores and the courses stores and the course stores are the course sto	White Work i) attended the led glive on yid gbayes (1) (1) G. Hell 24C, NAMI	Not Whith At Work deceosed from DEGREE Phys Trich DEGREE E of CEMETERY of CRE TRWOOD	19 70 and the few the body after death. Med. Director Di	Shaff Phys. Ave ocation (C) Rkville,	23R DATE SI	uniyi (Stotal
210. TIME OF INJURY (APPROXI) 22. I certify that (I) (we) I and hour and 23A SIGNATUR 23C. PHYSICIAN NAME (Type IN THE PROVAL (Sp. BUTIAL	that (i) (this hospital last sow the decease from the courses stored by the course stored by	White Work attended the led of ive on attended the led of ive on attended the led of ive on attended the led of ive on attended the led of ive on attended the led of ive on attended the led of ive on	At Not White At Work deceased from	19 70 and the few the body after death. Med. Director 123D. ADDRESS 5006 Roland MATORY 24D. L	Shaff Phys. Ave ocation (C) Rkville,	23R DATE SI	GNED (Stotal

116 W UNIVERSITY PKWY.

D -211			BALTIMORE CITY	HEALTH I	DEPARTMENT		1010	1000	
7 - 534 BIRTH NO.	70	3677	CERTIFICA	TE OF	DEATH	REG. NO.	70	3677	
I. NAME OF DECEA	ASED					ND HOUR OF DEA	* LI		
(Type or Print)	Anne M	cLaugh	lin Pendlet	on	Apr		70	91	50
3. PLACE IN BALTIF	MORE, MARYLAND, V	VHERE PRONC	UNCED DEAD			re deceased lived. 1	f institution:	esidence befare	admission
FULL NAME OF	UE NOT IN HOSPI	AL OP INCTO	TUTION, GIVE STREET			•••		1101	
HOSPITAL OR	ADDRESS OR LOC	ATION)	OHON, GIVE SIKEEL	C. CITY OF	yland	10.11	NSIDE CITY L	MILES.	
					timore	J. 11	YES W.		
A 217 E	E. Biddle	Street	;		AND NUMBER		163 863	F 140	
00				217	E. Bidd	le Stree	t.		
5. SEX 6.	RACE	7. MARRIED	NEVER MARRIED	& DATE O	SIRTH	9. AGE (In years	II Unde		lei 24 Hrs.
F	W	WIDOWED	DIVORCED	9-27	-1896	10st birthdoy)	Months	Doys Hours	Min.
OA, USUAL OCCUP	ATION (Give kind of war rking life, even if retired)	108 KIND O	F BUSINESS OR INDUSTRY	11. SIRTHP	ACE (State or lore	ign country)	12. CITI	ZEN OF WHAT	COUNTR
Homemak		Orm	Home	Bol.	-i mone	Manual and		TT C A	
3. FATHER'S NAME	. 01	OWII	поше	14. MOTH	R'S MAIDEN NA	Maryland		U.S.A	•
Hugh N	AcLaughlin				3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
5. Was Deceased Ev	ver in U. S. Armed For	ces?	1 6 SOCIAL	17. INFORM	ry E. Mu	r.buA			
es, no or unknown) (il	yes, give war ar data	s of service)	SECURITY NO.		initi			ADDRESS	
No	a b		213-48-496		E. Mor	gan Pend	leton	Same	
18.	XI		CAUSE OF DEATH	1				APPROXIMATE I	NTERVAL
DISEASE	OR CONDITION DI	RECTLY	Renal (Vicens	e divo	ue eteal	age	BETWEEN ONSE!	AND DEATH
	ADING TO DEATH	duing no	(A) IMMEDIATE CAU	SE	Collina	unle	Contra	year	5-
hear) failure, as	thenic, etc. it means	the disease.		CONSEQU	ENCE OF:		-0.0101	7	
	calian which caused		atten	as allo	astor .	rdiorps			
1	ITECEDENT CAUSES		(8)	o cu	roue la	raco 1/28	cua	410	15_
DISEASES OR	CONDITIONS, ii above cause (A)	any, giving	DUE TO, OR AS	A CONSEQU	IENCE OF:	aus	lase		1000 Wan 10
UNDERLYING C	CONDITION lost.	adding life	(c)				1		
	11								
OTHER SIGNIFICATION THE DEATH &	ANT CONDITIONS CO	NTRIBUTING					- 1		
DISEASE OR CON	BUT NOT RELATED TO THE IDITION GIVEN IN PAR	T 1 (A).	49-24-4						
19A-DATE OF OI	PERATION 198 CON	DITION FOR S	WHICH OPERATION	20 A. AU	OPSY? (Yes or No	10 CERTIFYING	E FINDINGS	CONSIDERED	
NOF					NO	- CERMINATO	WOJEJ OL I	JEANN.	
IOV CONTRICTION	WAS UNDERLYING	hom	PLACE OF INJURY (e.g., in	or about 21	C. WHERE DID	(II to Boltim	ore City, give	exoct location)	
DEATH (notify me	edical examined	etc.		*					
21D. TIME (NO FINJURY	Aonth) (Doy) (Year)		INJURY OCCURRED		F. HOW DID INJU	URY OCCUR?			
(APPROX.)		Wh	ile At Not While						
22. I certify the	(1) (this bosnital				11/11/ 1	0/0,	- //	11/	
that (I) (we) la	at (1) (this hospital st saw the decease	d alive an	LL/L		1//7	16-1-10-	- 9		10-
		_	2 1/2	19		it in (my) (aur) a	pinlan deat	h accurred an	the date
28AT GIGNATURE	am the causes stat	ed abave (I) (We) (did) (did nat) vi	ew the boo	ly after death.				
I M	1/1	100	Atten	ding [Med.	N-42	23B, DAT	ESIGNED	2 0
THIN	US/CA	U	DEGREE Phys.	ЩА		Staff Phys.	141	6/1	0
NAME (Type)			3D. ADDRES					
	Dr. Jam		DEGREE		cal Art	s Buildin	ng		
REMOVAL (Spec	cityl 248. DATE	24C. N/	ME of CEMETERY of CRE	MATORY	24D. LO	CATION	City, town, o	r county)	(Stote)
Burial	4-8-7		ew Cathedra	L Ceme	etery B	altimore	•		Md.
SA, DATE REC'D BY		258 NAME C	F REGISTRAR	25C. FUI	IERAL DIRECTOR			ADDRESS	1212
PRY 19/L	J Haberto C.	aben M		nei	T. A M 188	nkins & 5 York R	oad Ba	Ilto.	Md.
3 CO DELL 3 /3 // 0									



15-6	50 70	3678			TH DEPARTMENT		1-	0 36	190
BIRTH NO.		90.	CERTIF	ICATE (OF DEATH	REG. NO		0 06	10_
1. NAME OF D (Type or Print)					2. DATE	AND HOUR OF DE	ATH		00
2 84 4 65 114 5	Virginia H	eath Sa	uerwein			April 4,	1970	1 /-	- 4
3. PLACE IN B.	ALTIMORE, MARYLAN	ID, WHERE PRO	NOUNCED DEAD	A. STA	TE B. CO	here deceased lived.	It institution:	residence before	admissi
FULL NAME O	F (IF NOT IN H	OSPITAL OR IN	STITUTION, GIVE STREE	T M	d.			12-01	
HOSPITAL OR		V. Char		II C. CIT	Y OR TOWN	D.	INSIDE CITY		
$\Lambda\Lambda$	0000 1	v. Oriar			Baltimore EET AND NUMBER		YES E	NO]
00			Apt. 1313			narles St.			
5. SEX	6. RACE	7. MARR	IED NEVER MARRIE		E OF BIRTH	9. AGE (In years	II Und	or 1 Yr. II Un Doys Hours	der 24 I
F	W	WIDOW			14-1896	lost bitthdoy		1 0013	
done during most	CUPATION (Give kind of working life, even if rel	of work 10B, KIND lired)	OF BUSINESS OR IND	USTRY 11. BIR	THPLACE (Stole or I	oreign country)	12. CI1	ZEN OF WHAT	COUN
	maker		vn Home	N	ew Jersey	/		USA	
13. FATHER'S N.	AME	· · · · · · · · · · · · · · · · · · ·		14. MC	THER'S MAIDEN N	IAME			
Cha	rles	Heath		۸۵	na Rianca	Whidmay	0.10		
	ed Ever in U. S. Armo		16. SOCIAL		ORMANT	vvniumay	er	ADDRESS	
	milli yes, give wer or	f doles of service	SECURITY NO.		•				
No. 18.	6 36		CAUSE OF		· E. Max	well Saue	rwein	Sam	
400 100	X XI		CAUSE OF	Res	uery of	From Los	es,	APPROXIMATE BETWEEN ONSET	
4 DISE	ASE OR CONDITION	N DIRECTLY	9	District	wind to	Lasella lion		Jennes	
(This does	not meen the mad		(A) IMMEDIA	OR AS A CONS	1 Boals	11.61 C		3-15-M	
rise la 1	OR CONDITIONS, he abave cause IG CONDITION last	(A) sloting	ing DUE TO, of the (C)	R AS A CONS	SEQUENCE OF:			***************************************	
E ITO THE DEA	 FICANT CONDITIONS TH BUT NOT RELATED	TO THE TERMIN	IG AL						
19A. DATE O	F OPERATION GIVEN IN 198.	CONDITION FO	R WHICH OPERATION	20A.	AUTOPSY? (Yes or	No) 208, IF YES, WI	RE FINDINGS	CONSIDERED	
U 21A ACCID	INT WAS LINDEDLYIN	NG D	218 BLACE OF INCHES		100				
O DEATH Inofil	ENT WAS UNDERLYING CAUSE OF y medical examines	.00	21B. PLACE OF INJURY home, farm, foctory, streetc.)	et, office bidg.	INJURY OCCUR?	(II In Bolt	more City, gli	e exect location))
OF INJURY	(Month) (Doy) (Y		TE INJURY OCCURRE		21F. HOW DID II	NJURY OCCUR?	Escasi	Sain	5
E IAPPROX.			While At Not	While Work	20, 12 -31) in to	2.7 %	- O	· Lug
22. I carett	v that (1) (this has		d the deceased from.	O A	Musical	19/944to	y ll	wary	20 01
) last saw the deci			19	25		rea.	171	970
				-/19	and	that In(my) (aur)	opinian dea	th accurred a	n the d
23A. SIGNAT	nd from the couses	stated abave	(1) (We) (did) (did n	at) view the	bady after death	•			
PANOIC WITH	1/1/1		2.	Attending [7]	Med -	CL-III -	23B, DA	E SIGNED	y .
226 211425	11/11	MARA	M GEGREE	Phys.	Med. Director	Staff Phys.	14.	-1/- 1	18
23C. PHYSICI NAME (Type)		/	23D. ADD	RESS		^		
		H. Wood	*	1403	Park Av	е.	Balti.	ileso me	12.
24A. BURIAL CR REMOVAL	EMATION, 248, DAT	E 24C	NAME OF CEMETERY	CREMATORY		LOCATION	City, town,	or county)	(Stotel
Burial	4-7-	=-	reenmount (Cemeta	n/ P-	ltimere		Α	11
25A. DATE REC'I			331	- CITIELE!	у	lltimore		IV	1d.
	44000	258 MAM	E OF REGISTRAR	[25C,	FUNERAL DIRECTO	R			
APR 7	4400	E Jab		25C. H	W. Jenkir	altimore S & Sons Saltimore	Ma: 2	ADDRESS	k R



(3-55	0	70	367	0	HEALTH DEPARTMENT OF DEAT		70 3679
100	RTH NO.		*		CLKTIFICA			
(T ₁	NAME OF DECEA				Gannon		oril 6, 1970	1 8 ° A
3.	PLACE IN BALTI	MORE, MAR	YLAND, W	HERE PRON	DUNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If I	nstitution: residence before admission)
FL	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT	IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	Maryland		27//
IIN	SITUTION					C. CITY OR TOWN Baltimore		SIDE CITY LIMITS?
	1 / 1606	1/	اء ۾ ءِ ا	A		E. STREET AND NUME		YES ** NO .
	0		vooa	Avenue	=	4636 Kerr	nwood Avenue	
	F	RACE	W	7- MARRIED	DIVORCED	8. DATE OF BIRTH 11-23-1886	9. AGE (In years lost birthdoy)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10/	LUSUAL OCCUP	ATION (Give	kind of work	108, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r lareign country)	12. CITIZEN OF WHAT COUNTRY?
	Homema	ker	in redited	Own	Home	Scrantor		U.S.A.
130	TAIREK 3 NAME					14. MOTHER'S MAIDEN	NAME	
	James	_				Mary Floo	od	
15. (Yo	Wes Deceesed Es, no or unknown)	ver in U. S.	Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	ŀ			215-50-9583		land Gannon	Same
	18. 4.1 2	1 m			CAUSE OF DEAT	ALTCHOU	clerotic	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE	OF CONDI	TION DI	RECTLY	Cardio		ap Dises	
	IThis does not			dvina e a	(A) IMMEDIATE CAL	ISE	ap 1-1146	176
	heart failure, as	thenio, etc.	Il means	the disease	DUE TO, OR AS	A CONSEQUENCE OF:		
	injury or compli			deoth.)				
		TECEDENT			(B)			
	DISEASES OR rise to the UNDERLYING	above car	use (A)	any, giving sloling the	(C)	A CONSEQUENCE OF:		
					(0/			
CERTIFICATION	OTHER SIGNIFICATION THE DEATH	BUT NOTREL	ATED TO TH	E TERMINAL	***************************************			
2	19A. DATE OF O	PERATION GIV	198 CON	DITION FOR	WHICH OPERATION	20A. AUIOPSY? (Yes	or Noll 208. IF YES WERE	FINDINGS CONSIDERED
ERTIF	0		WAS PERF	ORMED		Tho	IN CERTIFYING CA	USES OF DEATH?
CAL	21A. ACCIDENT OR CONTRIBUTE DEATH (notify me	NG CAUS	E OF	hor etc	RPLACE OF INJURY (e.g., in ne, form, foctory, street, of)	or about 21 C. WHERE D.	ID (If In Boltimor R?	e City, give exoct location)
EDI	21 D. TIME IA	Month) [Doy	(Yeor)	Houd 218	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
8	(APPROX.)				nile At Not While			
	22 Lagratification	-A (1) (ALI-	1 - 1 - 1		he deceased from	January	19 70 to A	101
	that (I) (we) la				No doctorion in the	7- 1		Man death accurred an the dete
	and haur and fi	ram the car	ises state	ed abaye. (1) (Ma) (did not) v			
	23A. SIGNATURE		1		/	7.00 00-7 07.01 000	-1110	23B, DATE SIGNED
	Will.	- /-	15	Jina		Med.	Staff Phys.	11 7 7-
	23C. PHYSICIAN'S	5	704	Link	OÈGREE Phys	Director L	☐ Phys. ☐	17-1-10
	NAME (Type	Dr	. Wil	liam F	1. Fusting		h Raven Blvd	
244	BURIAL CREATA				OEGREE AME of CEMETERY OF CRE			
	REMOVAL (Spe							ty, town, or county) (Stole)
	Burial		-8-70		ethel Methodis		Hurffville,	N. J.
25A	APR 7	1970"	al. B	258 NAME	OF REGISTRAR	25C. FUNERAL DIREC	ins & Sons	ADDRESS
VS	150-PEV 1/1/68					11 11 10 17	TOPK RO	ad Balto., Md.



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

3680

NO

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(Stote)

W. Va.

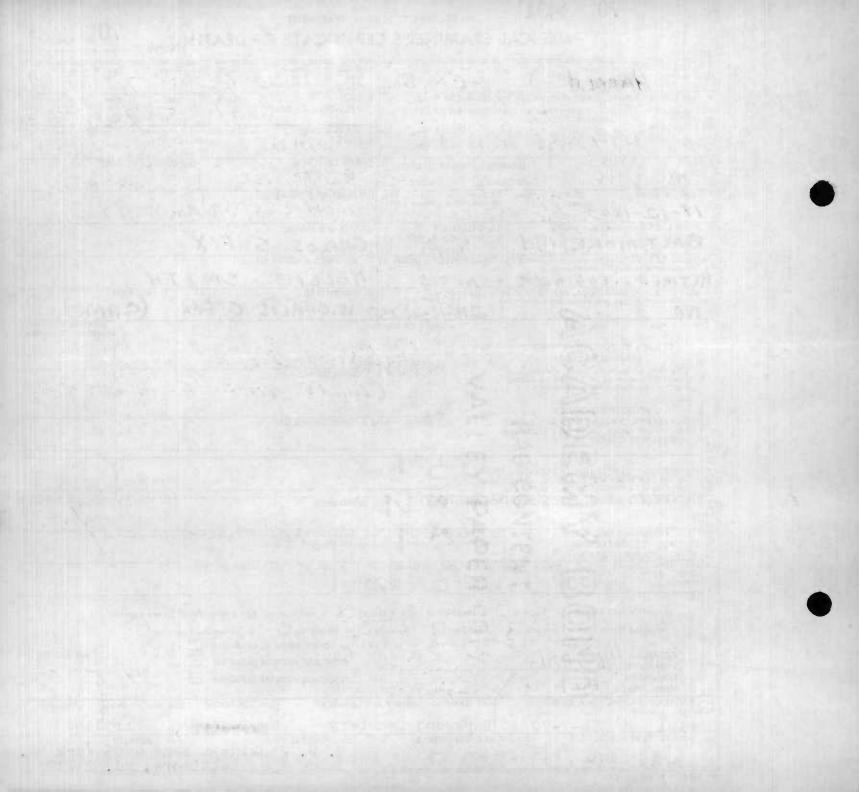


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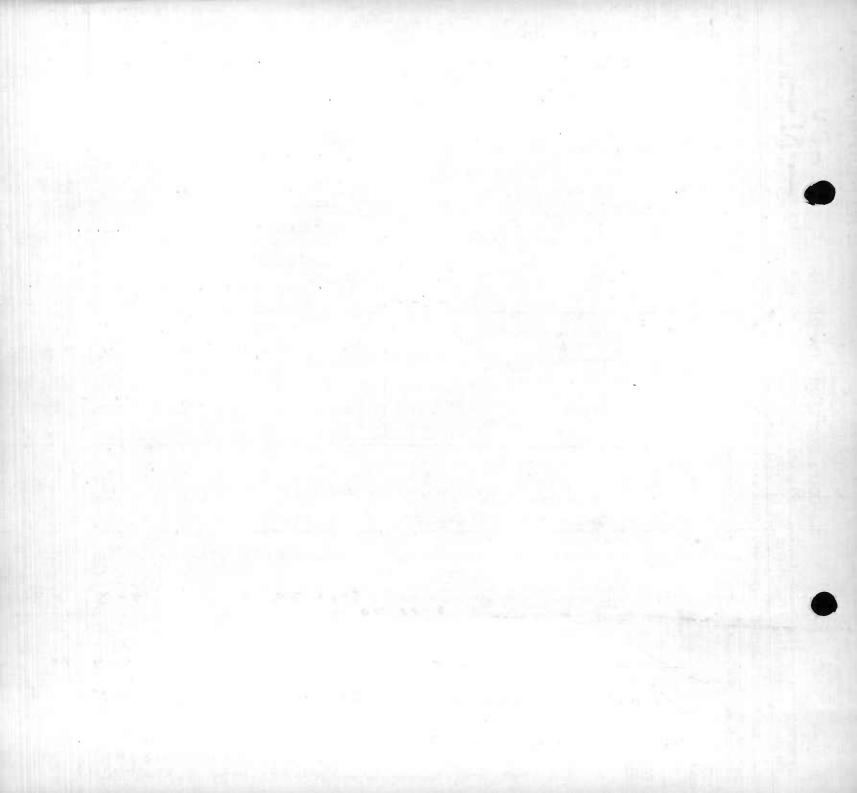
BALTIMORE	CITY	HEALTH	DEPARTMENT	

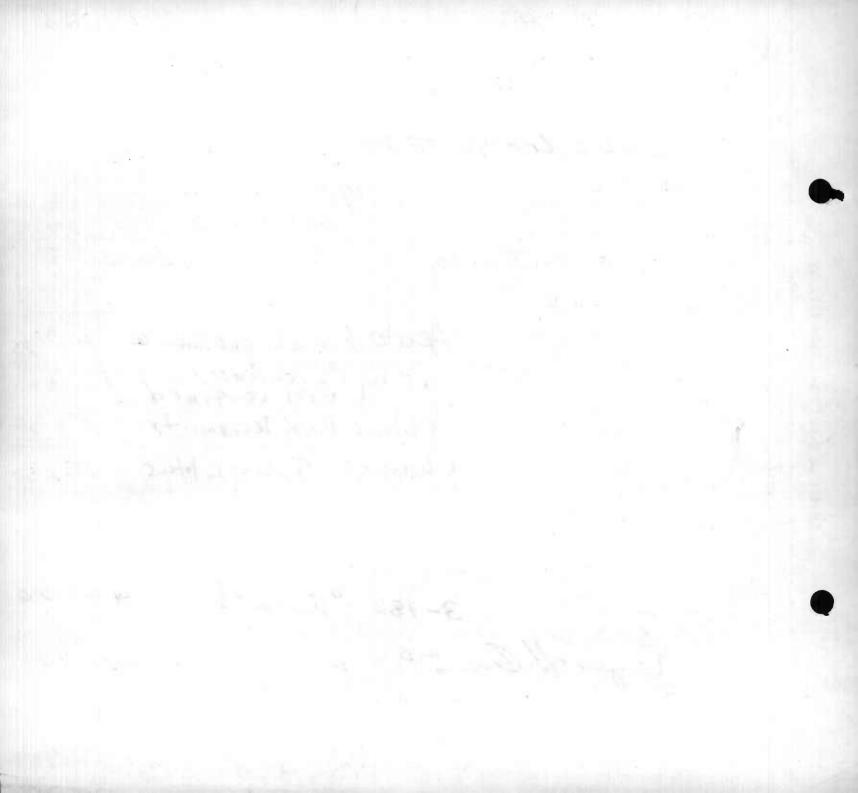
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731	201
10	368

MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH REG. NO. 70 3681
HAROLD D. +OX, SR.	2. DATE Known Month Day Year Hour DEATH Estimated 4 5 20 230 Am. 3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 5. USUAL RESIDENCE (Where deceased lived. If Institution, residence before admission)
00 1943 Sr. Jane St.	A. STATE MD B. COUNTY 1202
WIDOWED DIVORCED	C. CITY OR TOWN Beltsmare D. INSIDE CITY LIMITS? YES NO [
11-12-1883 last Significary) Months Doys Hours Min.	E. STREET AND NUMBER 29 43 St Maul ST
BALTIMORE, Md. WHAT COUNTRY?	CARLOS S. FOX
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working lile, even il retired) RETIRED — ENGINEER — AUTOS	NELLIE SMITH
	- W.CABLOS O. FOX (SAME)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, e.g., heart lailure, osthenio, etc., il means the disease, injury ar camplication which caused death.)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	S A CONSEQUENCE OF:
0 2	PERFORMED 21. AUTOPSY? (Yes or No)
UTING CAUSE OF DEATH. 220. TIME (Monih) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT W	nor about 22C, WHERE DID (If in Baltimore City, give exact lacation) INJURY OCCUR? 22F. HOW DID INJURY OCCUR?
I certify that I held an Inquiry Inspection Autoresulted fram: Natural causes Accident Suicide ACTUAL SIGNATURE EXAMINER'S NAME (TypeWerner U. Spirz	and that an this basis, death in my apinian Hamicide Undetermined manner CHITY CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify) Burial 1-7-70 Parkwood Cemeter 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	(only tourist of county)
VS 151-REV. 7/1/68	Baltimore, Md. 21212



6) 1=	11		BALTIMORE CITY	HEALTH DEPARTMENT	,	100 ===00
F - 60	4 70 3	682	CERTIFICA	TE OF DEATH	REG. NO	70 3682
NAME OF DEC	Elsie	Purm	еL	2. DATE A	ND HOUR OF DEATH	/701 N
ULL NAME OF	TIMORE, MARYLAND, W				ere deceased lived. If in	stitution: residence before admission
STITUTION	nsor Ave.	TION)	UTION, GIVE STREET	c. city or town Trappe	D. INSI	VES NO X
	re, Marylan	d		E. STREET AND NUMBER RFD 2 Box 1	56	
SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
Fem.	Negro	WIDOWED	DIVORCED	2/9/1891	lost birthdoy) 79	Wollins Doys Hoors Will.
	UPATION (Give kind of work working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	eign country)	12. CITIZEN OF WHAT COUNTR
Domesti	C			Maryland		U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
	David Broo	ks		Isabel B	rooks	
S. Was Deceased es, no or unknown	Ever in U. S. Armed For	ces? s of service)	16. SOCIAL SECURITY NO. 220-03-3829			3 WiffS64 Ave. Ltimore, Maryla
18. /	DX I		CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEA	SE OF CONDITION DI	RECTLY	(A)IMMEDIATE CAU	0-	A Bladde.	BETWEEN ONSET AND DEATH
DISEASES tise to the	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost.		(B)	A CONSEQUENCE OF:		
TO THE DEA	II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	HE TERMINAL				
	OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes of N	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	218 hom etc.	ne, form, foctory, street, of	n or obout 21C. WHERE DID	(If in Boltimore	e City, give exect location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED ile At Not While rk At Work	21F. HOW DID IN	JURY OCCUR?	
22. I certify	that (1) (this hespite) ettended t	he deceased from	3-12-70	.19ta	4-3 1970
	last saw the decease		3-12-7	© 19 and •		nien death eccurred en the da
				iew the bady efter deeth.		arani, aranina dii illa da
23A. SIGNATI			, , , , , (a.a., (a.a. iiai) v	me been until decim		23B, DATE SIGNED
	/		Atte	nding Med.	Staff Phys.	4-4-70
Z3C.PHYSICIA NAME (1		yen,	DEGUEE	23D. ADDRESS		
A. BURIAL CRE	MATION, 1248, DATE	24C.N.	DEGREE AME of CEMETERY OF CRE		LOCATION (C)	Be H. Md.
REMOVAL	Specify)					
Burial SA. DATE REC'D	BY HEALTH DEPT.	2SB. NAME	rappe of REGISTRAR	2SC. FUNERAL DIRECTO		ADDRESS
מף א ממ			an na	The Zing C	THENION 13	0×606
150-REV. 1/1/	M KREE V	Bulley M	4,	Funeral	Home Ex	iston, Md.





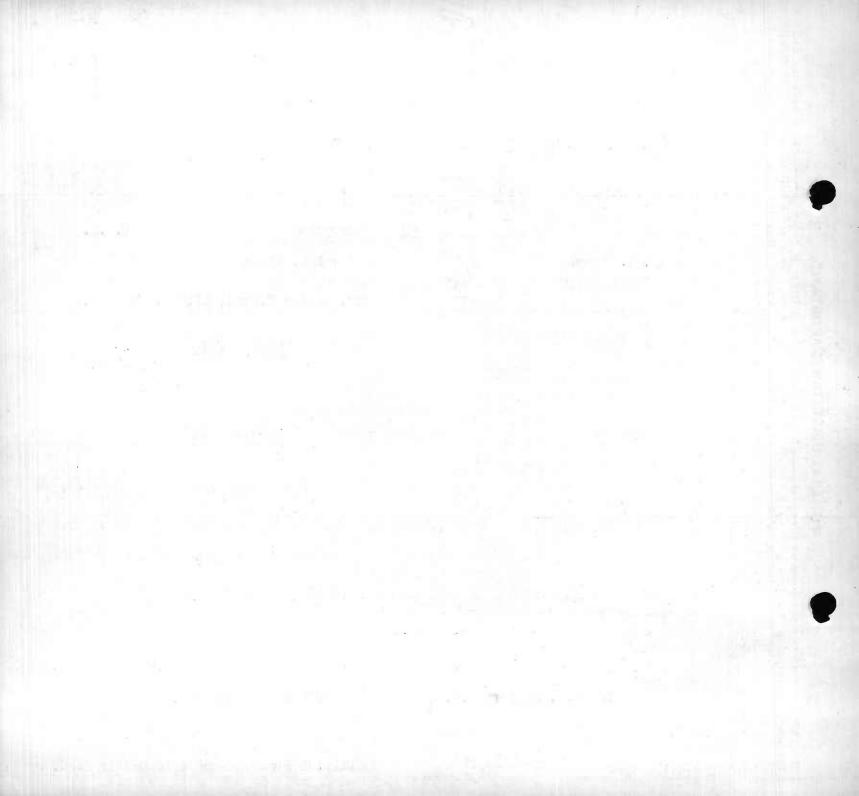
VS 150-REV. 1/1/68

Ser Control of the

U)-400 RTH NO.	70	3685		HEALTH DEPARTMENT	X REG. NO	70	3685
1.1	NAME OF DECEAS	EARL	R. WHA			AND HOUR OF DEATH		1.20 -
3.	PLACE IN BALTIM	ORE MARYLAND,			4. USUAL RESIDENCE IN	pere deceased lived. If	nstitution: tesiden	/ SU P
FU	ILL NAME OF DISPITAL OR STITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUTI		A. STATE B. COL	ND AACO	SIDE CITY LIMITS?	5200
	37 Me	ercy Hospit	tal		E. STREET AND NUMBER	ARROLL RP.	YES	No [₹]
5. 3	M 6. R	ACE W	WIDOWED	NEVER MARRIED	8. DATE OF BIRTH /2/	9. AGE (In years lost birthdoy)	If Under 1 Yo Months Doys	If Under 24 Hr. Hours Min,
		NON (Give kind of wor ng life, even If retired)		usiness or industry rvices Admin	Balto, Md	reign country!	12. CITIZEN OUS	WHAT COUNTS
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NA	AME		
	Л	mes I. Whel	av.		Fanny Robi	ngon		
5. Yes	Was Deceased Ever	mes L Wha] in U. S. Armed Fores, give wer or del	rces?	SECURITY NO.	17. INFORMANT	nson	ADD	RESS
	Yes	WW 1.1		SECORITI NO.	James L Whaley	242 Carroll	Rd Pasad	ena Md
	1844 64 6	VI		CAUSE OF DEAT				OXIMATE INTERVAL
MOLL	OTHER SIGNIFICAN TO THE DEATH BU	II IT CONDITIONS CO	NTRIBUTING	(c) (c)	cerebry ator	jardlautil.	anewys	ng
ERTIFICATION	19A-DATE OF OPE	RATION GIVEN IN PAR RATION 198 CON WAS PER	DITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONS	IDERED ?
SAL C	21A. ACCIDENT WOR CONTRIBUTING DEATH (notify med	AS UNDERLYING DE CAUSE OF	218. PL/ home, (ACE OF INJURY le.g., in form, factory, sheet, of	o of about 21 C. WHERE DID	(if in Boltimo	re City, give exact	locotion)
WED	OF INJURY IAPPROXI	nth) (Doy) (Year)	(Hous) 21E, IN. While / Work	JURY OCCURRED Not White At Work	21F. HOW DID IN	JURY OCCUR?		
	that (I) (we) last	(1) (this saying	d alive an	4/3	3/30 19 70 and t	19 ZD ta hat In An (aur) apl	nian death acc	urred an the dat
	Man Marine	neless sta	bein	-++0	ew the bady after death. Med. Director	Staff Phys.	23R DATE SIGN	150/77
	23C.PHYSICIAN'S NAME (Typel	MANUELT	H-R18E1	1RO, M.D.	3D. ADDRESS			, , ,
	REMOVAL (Specific Burial	4/8/70		o Nat 1 Come		atonsville	Balto	yl (Stote)
Ž.	PR'8"197	Wober E	Jaber, M		25C. FUNERAL DIRECTO	237 Patapso		21225

17. CHERRY MANNEN 32 77 7264. Ch 3 12/25/3 Condicreproperly and from their infection Will control atorquellanted answerging RANGELAH PIBEIRCHAD.

(1 -51	BALTIMORE CITY	Y HEALTH DEPARTMENT		70 0000
D-500 70 31	686 CERTIFICA	TE OF DEATH	REG. NO	70 3686
BIRTH NO.	DOO CERTIFICA			
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type or Print) Mary V. Benny		April (3, 1970	2 A.M. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where		stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN: HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	STITUTION, GIVE STREET	Maryland C. City or town	D. INSI	DE CITY LIMITS?
Ardleigh Nursing Home		Baltimore E. STREET AND NUMBER		YES A NO
7 / 2095 Rockrose Ave.		1713 E. 3	5th St.	
5. SEX 6. RACE 7. MADDI	ED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs.
787	= =	Sant 20 1070	t birthdoy)	Manths Days Hours Min.
Female White WIDOW	Mary Land	Sept. 29, 1878	91	112, CITIZEN OF WHAT COUNTRY?
done during most of warking life, even if retired)	OF BOSINESS OR INDUSTRI	11. BIRTHICACE (Store of Toreign	cuonity	12. CHIZEN OF WHAT COUNTRY
At home		Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		0.0.11.
Lloyd H. Crown		Comph F Allon		
		Sarah E. Allen		
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, na or unknown) (If yes, give war ar dates af service	16. SOCIAL	17. INFORMANT		ADDRESS
No	SECURITY NO.	Mrs. Marion E. Him	אל זקות ה	75+h S+
18. / /	CAUSE OF DEAT	1	ru, Lilo E	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does no) mean the mode of dying, of heart foilure, osthenio, etc., it means the disecting of the consecution of the disecting of the consecution of the condition of	ing (B) DUE TO, OR AS (C) D D	20A. AUTOPSY? (Yes ar No)	20B. IF YES, WERE FIN CERTIFYING CAL	FINDINGS CONSIDERED
S OF INJURY			1 OCCOR:	
(APPROX.)	While At Whi At Work			
22. I certify that (I) (this hospital) attended that (I) (the loss saw the deceased alive of and hour and from the couses stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Lloyd E. Saylo	on APRIL 2 e. (1) (Wa) (did) (did at) of oegree Physics M. D.	ond that view the body ofter death.	off ys.	est 6 1970, nian death occurred on the date 238, DATE SIGNED APRIL 7/990
24A. BURIAL CREMATION, 24B. DATE 240	O. NAME of CEMETERY OF CR			ty, town, or county) (Stote)
Buril 4/8/70	Loudon Park		Baltimore,	
APR 8 1970 P. See E. Jack	de QE REGISTRAR	25C. FUNERAL DIRECTOR Ullrich Funeral	l Home 4210	D Belair Road.
VC 150- DEV 1/1/48		7 2 7 7 7		

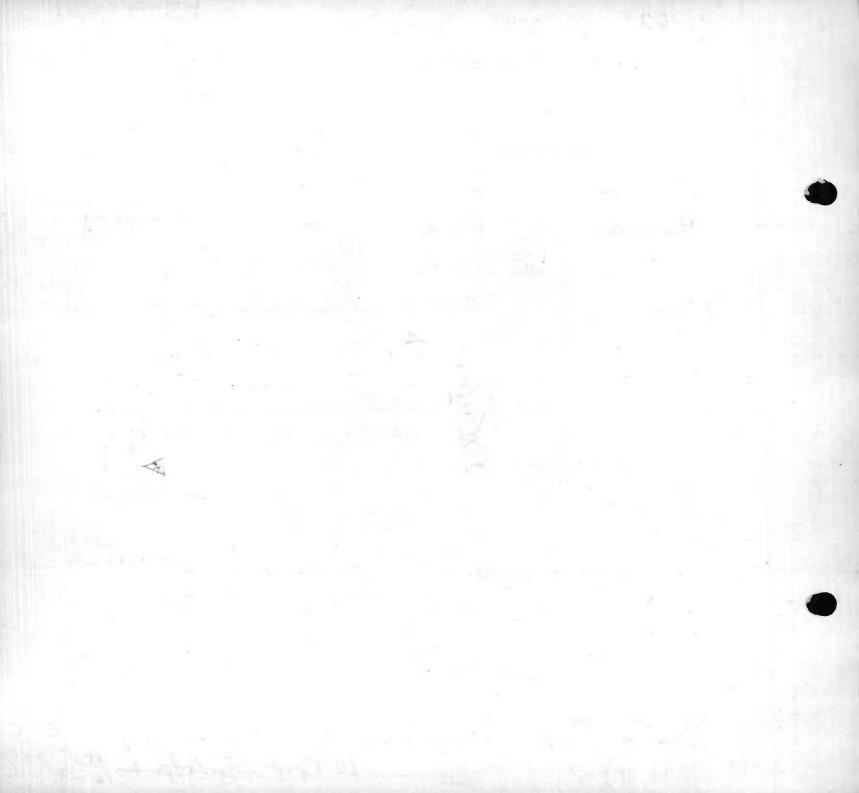


11) 31/0 10 0000	BALTIMORE CITY	Y HEALTH DEPARTMENT	,	70 3687
W -340 70 3687	CERTIFICA	TE OF DEATH	REG. NO	70 3687
1. NAME OF DECEASED	Cora M. Weddl	e 2 DATE ANI	D HOUR OF DEATH	
trype or count.	rA	Ohni	161970	1 Sinop
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOE		A. USUAL RESIDENCE (Where	deceased lived. If in	nstitution: residence before admission)
FULL NAME OF UF NOT IN HOSPITAL OR INSTITU	ITION CIVE STREET	Mar. J.	1720	1 - 530
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	ID INS	IDE CITY LIMITS?
HArbor View CONY	Y. Center	Dundalk	0. 1113	YES NO NO
12/3 Light ST. 13A1	To, Md	E. STREET AND NUMBER		1.00
	21230	7461 hAU	rence	Kd 21772
S. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9	. AGE (In years	Il Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
Temale White WIDOWED	DIVORCED	3-30-35	ost birthdoyl	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or loreig	in country)	12. CITIZEN OF WHAT COUNTRY?
tope during most of working life, even if retired)		Maryland		U. S. A.
3 FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A.E.	
Henry A. Weddle		Glady	s C. Vernon	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT (Mothe:	- CV-Z 1 +	A D PROCES
Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.			awrence onto
No	None	Mrs. Gladys Wedd	ile, Dundal	k, Md. 21222
11.3/0.71	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		0+.		SELVICEN ONSEL AND SERVI
LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) IMMEDIATE CAL	ISE Status &	melenti o	eus
hearl failure, asthenia, etc. It means the disease.	DUE TO, OR AS	A CONSEQUENCE OF:	7	
injury at camplication which coused deoth.)				4
ANTECEDENT CAUSES	10) Mele	ital Retain	Ration	
DISEASES OR CONDITIONS, il any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(a)			
11000	(c)		***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	************************			
	HICH OPERATION	[20A. AUTOPSY? (Yes or No)]	208. IF YES. WERE I	FINDINGS CONSIDERED
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING [1]		No	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
	PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If In Boltimore	e City, give exoct location)
OR CONTRIBUTING CAUSE OF home elc.)	farm, foctory, street, of	fice bldg., INJURY OCCUR?	W. W. S.	
	INJURY OCCURRED	235 442 442 4444		
OF INJURY	e At Not While	21F. HOW DID INJU	RY OCCUR?	
[APPROX.] Work		,		
22. I certify that (1) (this hospital) attended th	e deceased from	eb. 4 19	70 10 apr	16 19/10
that (4) (we) last sow the deceased alive on		19 70 and that	in (my) (our only	nion deoth accurred on the date
and hour and from the causes stated above. W		lamaha hadu afasa dasah	inting/ (out/ opti	down decomed on the date
23A. SIGNATURE	(iie) (did) (did liely V	lew the body offer death.		238, DATE SIGNED
11 6 %	Atte	nding Med. S	toff 🗆 /	G - : A
23 CAHYSICIAN'S	luc DEGREE Phys	Director L P	hys.	10pml 6, 1970
NAME (Type)		23D. ADDRESS	March 1	hedral + beaco
	uliNO DEGREE		BLDG BOL	+. Md.
A. BURIAL CREMATION, 248. DATE 24C. NA	ME of CEMETERY OF CRE	MATORY 24D. LO		y, town, or county) (State)
Burial 4/9/70 Mead	dowridge Memo:	rial Park		Dorsey, Md.
	ARGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
APR 8 90 James E 248 NAME O	11 24		7922 Wise	Ave. Dundalk, Md.
S 150-REV. 1/1/68				·



VS 150-REV. 1/1/68

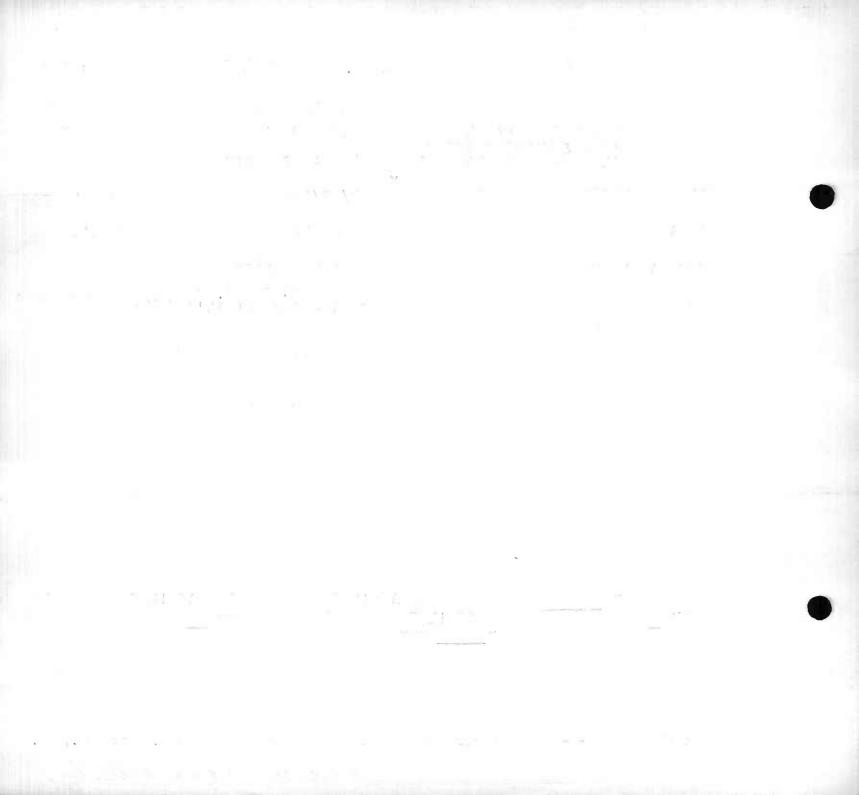
DIRECTOR:



150-REV. 1/1/6B

K	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

SBIRTH		0-063a 70	36	91			OF D		×	EG. NO	70	36	91
	or Print)		HED	P./	ABY BOY	NA DIZ			AND HOUR	OF DEATH		()	00 4
3. PL	ACE IN BALTI	MORE MARYLAND, W	HERE PRO	ONOU	NCED DEAD	MARK 14	USUAL RESI	A PR	here deceose	ed lived. If in	nstitution: r	esidence bef	OO A . M
HOSP	NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR IN	UTITZ	TION, GIVE STR	EET	STATE MARYL CITY OR TOX		ANNE	ARUND	IDE CITY L	5200	21061
	40	ST AGNES CATON & W	HOSP	NS	AL AVENUES	S E.	GLEN STREET AND		E		YES 🗌	NO	X
	1	BALTIMORE	, MA		AND 212	229	400 A	RBOR	DRIVE				
MA [LE	WHITE	WIDOV	WED T	NEVER MARRI	ED	4/05/	70	9. AGE (In	oyi	If Unde Manihs	Doys Hou	Under 24 Hrs.
gone d	SUAL OCCUPA uring most of wor NFANT	ATION (Give kind of work rking life, even if refired)	10B, KINI	D OF	BUSINESS OR IN	DUSTRY 11.	MARY		reign country)			AT COUNTRY
13. FA	THER'S NAME					14.	MOTHER'S	MAIDEN N	AME				•
		SLUSHER					MARY	M NA	RER				
15. Wa lYes, no		ver in U. S. Armed Ford I yes, give war ar dote:	ces? s of servi	cel	6. SOCIAL SECURITY NO).	INFORMANT	Mr. J	ohn A.	Slush	er, 40	ADDRESS O Arbo	or Drive
18.		9 1			CAUSE OF	DEATH	I AGNI	ES HU	SPITA	L'S R	ECURL		ATE INTERVAL
n's U	HER SIGNIFICA	CONDITIONS, ii cabove couse (A) CONDITION last. II ANT CONDITIONS	stating NTRIBUTIN	ihe	(c)	, UK AS A C	MAT	法 OF:	***************************************				ph (1000000000000000000000000000000000000
פועון 🎤	SEASE OK CON	PERATION GIVEN IN PART PERATION 198 CONE WAS PERF	I (A).		HICH OPERATION	N	POA. AUTOPS	Y7 (Yes or N	(o) 20B, IF Y	ES, WERE I	FINDINGS USES OF D	CONSIDERE DE ATH?	D
OR	A ACCIDENT CONTRIBUTION ATH (notify me	WAS UNDERLYING CAUSE OF		21 B. P. hame, etc.)	LACE OF INJUR form, foctory, s	Y (e.g., in or	boul 21C. W	HERE DID				exoct location	
SIUT	INJURY PPROX.)	Agnth) (Doy) (Year)	(Haud)	21E fi While Wark		et While	21F. HC	OW DID IN	JURY OCCI	J R?			
		at (M) (this hospitoi)		d the	deceased from		_ 5		19/0	a APR	IL 5		19_70_
		st saw the deceased					19_70	ond t	hot in (my)	(aur) apir	nion deot	h occurred	on the dote
23 A	d hour ond fr	om the couses state	ed above	. (1)	(Me) (q1q) (q1g	Noil view	the bady at	fter death.					
		Reho	un	0	DEGR	Attending Phys.	☐ Mc	ed.	Stoff Phys.		23B DATE	SIGNED	70
230	NAME (Type)	1-815					ADDRESS	50	A.	- NEC		/	
24A. BL	JRIAL CREMA	TION, 24B. DATE	24C	6 A		DEGREE OF CREMAT	ORY	24D. I	17G	(Cit	y, lown, or	County)	(Stote)
Bu	rial	4-7-70			owridge C	emeter	У	Was	shingto	on Blv	d.Howa	rd Co.	
25A. D.	ATE REC'D BY	HEALTH DEPT.	25B, NAM		REGISTRAR		5C. FUNERA				-		



6-430 70 30	0U2	Y HEALTH DEPARTMENT	70 3692
BIRTH NO.	CERTIFICA	TE OF DEATH X REG. NO	000~
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEATH	1
GOULD.	JOSEPH 🔀	04-03-70	10:50 P.
3. PLACE IN BALTIMORE, MARYLAND, WHER	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If	institution: residence before admission
FULL NAME OF (IF NOT IN HOSMTAL OF ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	CANADA	V-50
THE JOHNS HOPKINS	HOSDITAI		SIDE CITY LIMITS?
33 BALTIMORE, MD 21		E. STREET AND NUMBER	YES NO
		P.O. Box 100	
5. SEX 6. RACE 7. A	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE IIn years	If Under 1 Yr., If Under 24 His
	DOWED DIVORCED	(lost birthday)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUSTRY	11-10-22 1.7	12. CITIZEN OF WHAT COUNTR
done during most of working life, even it refired)	GROWER	CZECHOSLOVAKIA	
APPLE 13. FATHER'S NAME	GVONEV		CANADA
MORRIS GOLD		14. MOTHER'S MAIDEN NAME	
		ALICE REISS	
15. Was Deceased Ever in U. S. Armed Farces? [Yes, no or unknown] (If yes, give wor ar dates af	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	LYNDEN O.
No	NO	MS. LILLY GOULD, P.O. BOX	100 LYNDEN, O.,
18. 1/5 A V	CAUSE OF DEAT	H TOTAL	APPROXIMATE INTERVAL
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) state UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIB	(c)	ise Dielmonary embolus Aconsequence of: Dielmonary combolus A CONSEQUENCE OF	
TO THE DEATH BUT NOT RELATED TO THE TELL OF THE TELL O	RMINAL		
198. DATE OF OPERATION 198. CONDITION WAS PERFORM	N FOR WHICH OPERATION	YES 20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i hame, lam, loctory, street, af etc.)	n or obout 21C. WHERE DID (If In Boltimo	re City, give exact location)
21 D. TIME (Month) (Doy) IYear) (Ha	un 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not While Work At Work		
	Work L At Work	-1511	11 -
22. I certify that (this haspital) att	ended the deceased from	3/2 19/0 to_	7/3 1970
tha (1) (man) last saw the deceased all		19and that in (my) (aur) ap	inian death accurred an the dat
and have and from the causes stated a	bove. (1) (Wa) (did) (Attant) v	lew the bady after death.	
Lines & Solen	MD. DEGREE Phys	nding Med. Staff No. Director Phys.	23R DATE SIGNED
JAMES L. BOLEN	M.D.	THE JOHNS HOPKINS HOSPITA	L
AA. BURIAL CREMATION, 248. DATE REMOVAL ISpecify)	24C. NAME of CEMETERY OF CRE		ity, town, or county) (Stota)
REMOVAL-BURIAL 4/4/70	ANSHE SHOW	LOM HAMILTON, C	INT. CANADA
The second secon	RAME OF REGISTRAR	SOL LEVINSON + BROS	6010 REISTERSTOWN
/C 150 DEV/ 1/1/49		יייייייייייייייייייייייייייייייייייייי	- NV

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VS 150-REV. 1/1/6B

SIRIH NO.	4 70	3693		ATE OF DEAT	250 110	70	3693
Type or Print)	JEANETTE ME	RME LSTEI	N		TE AND HOUR OF DEAT		8:07 P. N
3. PLACE IN BA	LTIMORE, MARYLAND, W			A. STATE B. Maryland	ipril 4, 19 (Where deceased lived. If	institution: resid	ence before odmission
HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	ATION)		c. CITY OR TOWN Baltimore		VES K	NO 🗌
42	Sinai Hospi	tal		6116 Park	Heights Aver	nue	
. sex Female	6. RACE White	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	July 14,189	9. AGE (In years lost birthdoy)	If Under 1 Months Do	Yr. If Under 24 Hrs bys Hours Min.
one during most of	CUPATION (Give kind of work working life, even if retired) ewife	At Hom			or foreign country)	12. CITIZEN	USA
3. FATHER'S NA Benjami	in Feldman			14. MOTHER'S MAIDE		1	
5. Was Decease Yes, no or unknow NO	d Ever in U. S. Armed For n) (If yes, give wor or dote	ces? s of service)	6. SOCIAL SECURITY NO.	Mr. Jack Me	rmelstein 61		DDRESS Heights Ave
DISEASES rise to the UNDERLYIN OTHER SIGNITION THE DEA	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. II FICANT CONDITION 5 CO THE BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER	any, giving stating the NTRIBUTING HE TERMINAL TO A 1 (A). DITION FOR W	(c)	S A CONSEQUENCE OF: 20A. AUTOPSY? (Yes	***	RE FINDINGS CC	5
-	ENT WAS UNDERLYING	21 B. F home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	, in or about 21C. WHERE I office bldg., INJURY OCC	OID (If in Boltin	more City, give e	xoct tocotion)
OR CONTRIB	y medicat examiner						
OR CONTRIB			NJURY OCCURRED At Wor	nile 🗀	D INJURY OCCUR?	april	
OR CONTRIB DEATH (notif DEATH (notif DEATH (notif CAPPROX.) 22, I certif that (I) (wee	y medical examines (Month) (Day) (Year) y that (I) (this haspite Alost sow the decease of fram the causes sto	While Work attended the	Not What Word and deceased from y (We) (did) (did nat)	19 70 0	19 2 to to	23 B. DATE :	

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01	חור	0001	BALTIMORE CITY	HEALTH DEPARTMENT		70 2094
K-251	10	3694	CERTIFICA	TE OF DEATH	REG. NO	10 3634
BIRTH NO.	r. a. c. c.		CERTITION			
Type of Print					AND HOUR OF DEATH	
	ELD, SAMUEI				IL, 4, 1970	7;10 P.M. M.
3. PLACE IN BAL	TIMORE MARYLAND, V	HERE FRONO	JNCED DEAD	A. STATE B. CO	OUNTY	institution: residence before damission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	JTION, GIVE STREET	MARYLAND c. CITY OR TOWN	BALTIMORE D. IN	SIDE CITY LIMITS?
45				BALTIMORE		YES X NO
7000 0	AMADEMANT W	ODTEN		E. STREET AND NUMBE	R	
GOOD S	AMARITAN HO	DSPITAL		1019 EVAN	SWAY: 212	05
S. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
MALE	W HITE	WIDOWED	DIVORCED _	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	72	
		k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	working life, even if retired)	DETTI	ກະຄ	PAITTHADE H	ADVI ALM	U.S.A.
U.S. GO		RETIF	KEV	BALTIMORE, M.		V.Q.IV.
DAVID	ICOSCITI CLV			ROSE ?		
S. Wos Deceosed Yes, no or unknown	Ever in U. S. Armed Fo	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ARMISTEAL	GARDENS CONTROL OF THE PROPERTY OF THE PROPERT
NO			218036566	MRS. SARA EVR	Y. 1000 EVANS	SWAY #21205
18. / 6			CAUSE OF DEAT		7, 1000 Evide	APPROXIMATE INTERVAL
DISEASES (ise to the UNDERLYIN) OTHER SIGNII TO THE DEA' 19A. DATE OF	ANTECEDENT CAUSES OR CONDITIONS, if e obave couse (A) G CONDITION last. FICANT CONDITIONS CO TH BUT MAN RELATED TO TO CONDITION GIVEN IN PA FOREATION 198. CON WAS PER NT WAS UNDERLYING UNDERLYING CAUSE OF medicol exominer) (Month) (Doy) (Year)	ony, giving stoling the one of the terminal ridal home of the terminal ridal r	(C)		IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exoct location)
(APPROX.)		Wo	ite At Not Whi			0
22, I certify	that (1) (this haspita	I) attended t	ne deceased from	Spal 2	19 20 to /	TRUCK 4 1920,
that (I) (we)	last saw the deceas	ed alive on	4/4	49 70 and	d that in (my) (aur) as	inian death accurred an the date
and haur an	d from the couses sta	ted above. (I) (We) (did) (did nat)	view the bady after dea	th.	
23A. SIGNATU	JRE //					23B. DATE SIGNED
	04/1	burn	///// Phy	ending Med.	Staff Phys.	4/1/20
23C. PHYSICIA	AN'S WILLY	1	DEGREE PA	23D. ADDRESS	- rnys. —	1/4/
NAME (1	David	mile	apuzzi, Morrie	Good San	nauta, A	loigkital
REMOVAL	MATION, 24B. DATE Specify)	24C. N	AME of CEMETERY OF CR	EMATORY 241	, LOCATION	City, town, or county) (State)
BURIAL	4-6-70	MTK	RO KODESH-BETH	H ISRAEL B	ALTIMORE, MAI	RVIAND
	BY HEALTH DEPT.	25B. NAME C		2SC. FUNERAL DIREC	TOR	ADDRESS
APR 8 19	970 P.B.S.E.	Jalley H	4.	SOL LEVINSO	N & BROS., 60	10 REISTERSTOWN ROAL
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MATTHON, ROTTING

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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

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proved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death ny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased except where the physician who pronounced death was in social as a second of the contribution.	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	1
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ause e; (5)	900	1
in o	-	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronunced death was in social as a second of the physician who pronunced death was in social as a second of the physician who pronunced death was in social as a second of the physician who pronunced death was in social as a second of the physician who pronunced death was in social as a second of the physician who pronunced death was in social as a second of the physician who pronunced death was in the physician who pronunced death was a physician who physician who pronunced death was a physician who physician who physician who pronunced death was a physician who ph	d pric	5
th occ	and (6) No physician was in regular attendance on the deceased probtained before the remains are embalmed or final disposition is made.	1 d
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hosp hosp natu	d (6)	AAEL
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was r An a	prior	l
This certificate must be app the body was released to the shows: (1) An accident of an was D.O.A. at a hospital (e.	pese en ap	24
This the b	deceased prior to death); a written approval must be o	2:

FUNERAL DIRECTOR: IMPORTANT

~ 3/1 70 20UC	HEALTH DEPARTMENT 70 3696	
BIRTH NO.	TE OF DEATH REG. NO. 70 3650	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	
JOSEPH STARK	41311970 14.00 AM	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission A. STATE B. COUNTY	
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	md. 2710	
INSTITUTION ADDRESS OF EOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
SINAI HOSPITAL	BAIT 2/2/5 YES NO	
41,	E. STREET AND NUMBER"	
S SEX 6. BACE 17. MARRIED TO	4508 Hopeton Hve.	
MARKIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr. If Under 24 Hrs Months; Doys Hours; Min.	
1/(ALE (aucasign WIDOWED DIVORCED]	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
OA. USUAL OCCUPATION (Give kind of werk 10B. KIND OF/BUSINESS OR INDUSTRY lone during most of working life, even if retired	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY	
RETAIL SALESMAN	KXXXXXXX AUSTRIA U.S.A.	
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
AVRUM STARK	ETTA KATZ	
5. Was Decoased Ever in 11 S. Armed Forces?	17. INFORMANT ADDRESS	
Yes, na ar unknown) (If yes, give wor or dates of service) SECURITY NO.	A Santag	
NO 215-10-3670	MR. ALVIN STARK, 4510 DRESDEN RD. #8	
18. 410.9 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 1 - 1 +	
This does not mean the made of duing an (A) IMMEDIATE CAU	ver revenue residence residence revenue revenu	
heart failure, asthenia, etc. Il means the disease.	A CONSEQUENCE OF:	
injury or complication which coused death.		
ANTECEDENT CAUSES (B) VINLE	hzed atheroselenosy-	
DISEASES OR CONDITIONS, if any, giving DUESTO, OR AS rise to the above cause IAI stating the	A CONSEQUENCE OF:	
UNDERLYING CONDITION last, (c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	along E time toot Dela los	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	ascers chair har (1) thatler	
194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A- AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
any had up showing I wo		
OR CONTRIBUTING CAUSE OF lame form, facility, sheet, office bidg. INJURY OF CITY		
LIDEALH (notify medical examined lots)		
21D-TIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not While At Work	· □	
22. I certify that (I) (this hospital) attended the deceased, from	3/30/70 1970 10 4/5/ 1970	
	- 70	
and the second s	The second secon	
and haur and from the causes stated above. (i) (We) (did) (did nat) vi	ew the bady after deoth.	
23A. SIGNATURE	23 B. DATE SIGNED	
After Phys	nding Med. Staff A 5 70	
22 C BULLAN COLORES	3D. ADDRESS	
JOAO CANDINO ARALITO	SINAL HOSPITAL	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)		
BURIAL 4-6-70 WORKMEN CIRCLE	BALTIMORE, MARYLAND	
ADD 8 1070 LES E. Valley A. D. STRAK	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROA	
\$ 150-REV, 1/1/68	[1] 35 - 37 - 37 - 37 - 47 - 47 - 47 - 47 - 47	
# 1 W - 11 T T T T T T T T T T T T T T T T T		

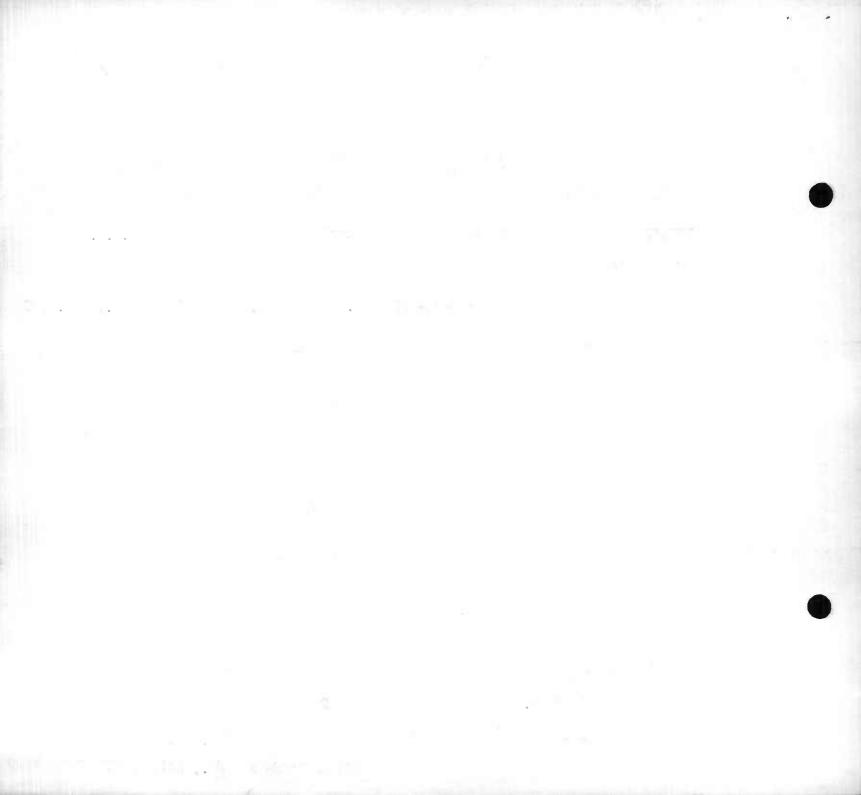
. A. . The Part Public Ports April 19 Maria Carlos Augusta

S-160 70 3697 BALTIMORE CITY HE	A 10.0	
MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 70 3697	
1. NAME OF DECEASED EZRA-SCHAPIRO	2. DATE Known Month Day Year 1158 A.	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE PRONOUNCED DEAD 4 4 70 12 55	
35 Church Home + Hosp.	5. USUAL RESIDENCE (Where deceased lived, Il institution: fesidence before odmission) A. STATE B. COUNTY R. J. J. D.	
6. SEX ALE	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES P NO	
9. DATE OF BIRTH 10. AGE (In years Indicated the second of	E. STREET AND NUMBER SUBSE CT	
BALTIMORE, MARY LAND 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME ABRAHAM SCHAPIRO	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refleed) MANAGER REAL ESTATE		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((I) yes, give wor or doles of service) YES WeW. IT US. C. G. 220-14-5096	MRS. MIRIAN SCHAPIRO, 8003 B WOODGATE CT.	
19. 4/2 41 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE 10. OR AS A CONSEQUENCE OF		
heart loilure, osthenio, etc. It meons the disease, Injury or complication which coused death.) Can No Varintla Disease.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, ON THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,		
CO (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
- 0	S PERFORMED 21, AUTOPSY7 (Yes or No)	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. In or obout 122C. WHERE DID (II in Boltimore City, give exoct location) home, form, loctory, street, office bidg., etc.) INJURY OCCUR?		
22D. TIME (Month) (Day) (Year) (Hour) 22E. INJURY OCCURRED NOT WHILE AT WORK 22F. HOW DID INJURY OCCUR?		
23. I certify that I held an Inquiry Inspection Autopsy and that on this basis, deoth in my opinion		
resulted from: Natural causes Accident Suicide Homicide Undetermined manner		
SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER		
NAME (Type) WE THE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City hown of county) (State)		
BURIAL 4-6-70 HEBREW YOUNG MEN BALTIMORE, MARYLAND		
APR 8 1970 Sol LEVINSON & BROS., 6010 REISTERSTOWN R		
VS 151-REV. 1/1/68		

STEW OF BIATY 74 FK14' - 1061-11-11 CALTINORE, VARYLAND VES ... O.O. II OS.C.O. SIG-14-SOM MIS. MITIA SCHAFFED, AND HE LONGING II. BUTUOME, SAUVINE NEW PARTY STORM CO. ST.-S-1 LARRIED SOU LEVINGON & LINE, ALTO REFERENCE NO.

VS 151-REV. 1/1/68

1-19-1915 - 2191-91-1 A.F. MARYANE, SHAPLAND THE STATE AND THE POST OF STATE OF TARSATO RELITIONS REACHO. PETSTERSTOON, MANYLAND STREET, STREET, AND RESTREET, AND

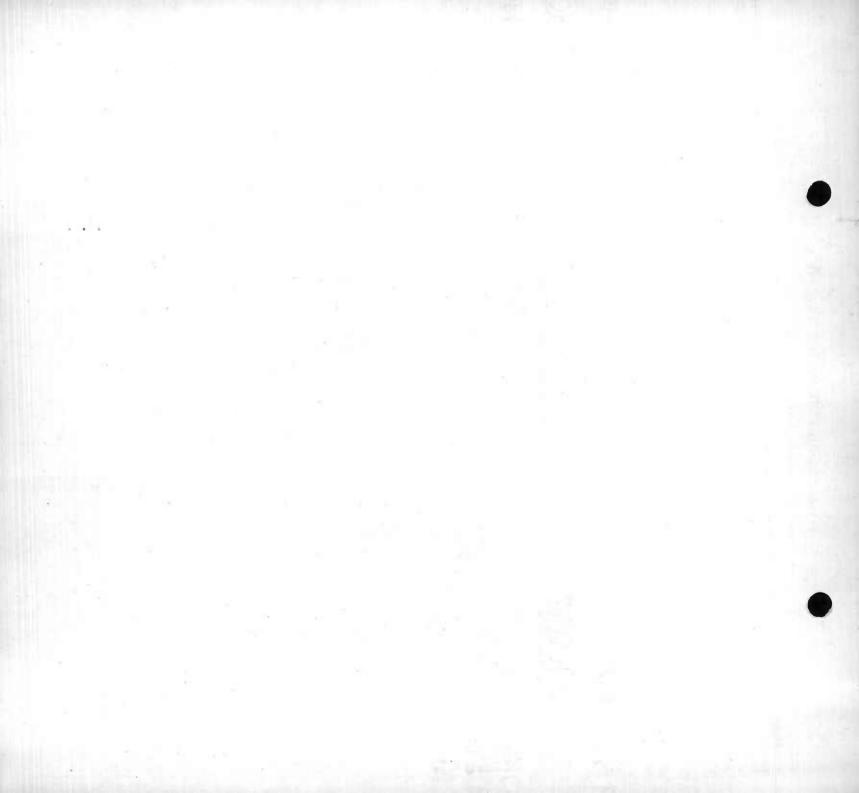


1. IED MO - WOO	BALTIMORE CITY	HEALTH DEPARTMENT		PELO	10.00
7-650 70 3700 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	70	3700_
1. NAME OF DECEASED (Type or Print) LIBBY FR	AHM	2. DATE AS	ND HOUR OF DEATH	9 39	0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	14. USUAL RESIDENCE (Whe	ere deceased lived If ins	stitution; residence b	Melore odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	A. STATE A B. COUN	RXXXXXXXXXXXXXX	CE CITY LIMITS?	530
Sinai Hospital E.	R,	Baltimor E. STREET AND NUMBER		_	0
5. SEX 6. RACE 7. MARRIE		627 Lea		ek Race	
FEMALE WHITE WIDOW		8. DATE OF BIRTH 7-14-17	9./AGE (In years last birthday)	tf Under 1 Yr. Months Doys H	If Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country!	12. CITIZEN OF W	HAT COUNTRY?
HOUSEWIFE A	T HOME	BALTIMORE, MAR	RYLAND	U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	-L	
SAMUEL SEIDEL		GUSSIE SCH	IULMAN		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) (If yes, give war or dates af service)		MR. ALFREDI L.	RAHM.	ADDRES:	s
NO	213-18-1912 CAUSE OF DEATE	AKKEKK KAKAKA	627 LE	AFYDALE TI	
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		0		MATE INTERVAL
LEADING TO DEATH	(A)IMMEDIATE CAU	se Cecute Myo	cardial or	fart	1 he
(This does not mean the mode of dying, e heart failure, osthenio, etc. If means the disea	OUETO OB AS	A CONSEQUENCE OF:		702	
injury ar complication which coused death.)		IL P	6		
ANTECEDENT CAUSES	(B)	The fulmer	ary Olde	wa	
DISEASES OR CONDITIONS, if ony, givinse to the above cause (A) stating UNDERLYING CONDITION tast.	ing DUE TO, OR AS	A CONSEQUENCE OF:			1-0-0-weep
_ 11					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	G			1	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	120A ALIGORGY (V No	V 200 40 400		
WAS PERFORMED	THE WINDS	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	SES OF DEATH?	RED
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., In hame, farm, factory, street, aff etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If to Boltimore	Cily, give exoct loc	otion)
E OF INJURY	VALUE AT NOT While	21F. HOW DID INJ	URY OCCUR?		
	Work At Work			1	
22. I certify that (Li (this hospital) attendent that (i) (we) last sow the deceased alive o		1 7	at In(my) (our) opini	lan death occurre	ed on the dote
ond hour and from the couses stated abave	. (1) (We) (did) (did nat) vi	lew the body ofter death.			
23A. SIGNATURE		Med.	Staff Phys.	23B. DATE SIGNED	170
23C. PHYSICIAN'S NAME (Type) E.S. KALLINS	2	23D. ADDRESS		1,01	10
24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME of CEMETERY OF CRE	MATORY 24D. LO	OCATION (City,	town, or countyl	(State)
	IEBREW YOUNG MEN	BAL	TIMORE, MARY	LAND	
	E OF REGISTRAR	SOL LEVINSON			OWN ROAD
/S 150-REV- 1/1/68					

Y Y EAT Leafydain Traumi a Sun Hospital E. R. CALLTON ORG. GAT Leafydaic Tradais 7-4-17 53 Husband

0

BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR:

11 1100	70 3	TAD BAI	LTIMORE CITY	HEALTH DEPARTMENT		70 3702
EIRTH NO.		CE	RTIFICA	TE OF DEATH	REG. NO	3702
1. NAME OF DEC	Hall,	Frances R.	* * * * * * * * * * * * * * * * * * * *		D HOUR OF DEATH	9:15 p.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED DE	EAD	4. USUAL RESIDENCE (When	e deceased lived, If in	stitution; residence before admission
FILL NAME OF	UE NOT IN HOSPIT	CO MODILITIZMI SO 1A	VC (TDECT	Maryland B. Coun	IY	1/01
FULL NAME OF HOSPITAL OR INSTITUTION		AL OR INSTITUTION, GIV		C. CITY OR TOWN	In this	DE CITY LIMITS?
		Hospital, I	nc.	Baltimore	D. 11431	YES X NO
34		sion Street		E. STREET AND NUMBER		110
	Baltimore	, Maryland 2	21217	827 N. Arlingt	ton Avenue	Apt. 605
5. SEX	6. RACE	7. MARRIED NEVER	MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Manths Days Hours Min.
Female	Negro		DIVORCED	4-23-99	70.	
done during most of	UPATION (Give kind of warl working life, even if retired)	108, KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (Slote or foreign	gn countryl	12. CITIZEN OF WHAT COUNT
Housewi				Maryland		U.S.A.
13. FATHER'S NA				14. MOTHER'S MAIDEN NAM		1
	Charles E	nnis		Franc	es Conway	
5. Was Deceased	Ever in U. S. Armed For		AL.	17. INFORMANT		ADDRESS
No	The year give wor or cole		NITY NO.	Mr. Samuel Hal	l. Bushand	CARE
18. 44. 44.	20.		JSE OF DEATH		LI- nusband	SAME APPROXIMATE INTERVA
rise to the	OR CONDITIONS, if a bave cause IA) CONDITION last. II ICANT CONDITIONS CO	(C).	DUE TO, OR AS	A CONSEQUENCE OF: A PHIZED AND LITY	PERCESCHEN	Cots
DISEASE OR C	ONDITION GIVEN IN PAR	T 1 (A).				
OTHER SIGNIF TO THE DEAT DISEASE OR C. 19A. DATE OF	WAS PERI	DITION FOR WHICH OPPORTED	ERATION	NO NO	208. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examined	21B. PLACE OF home, form, for	INJURY (e.g., in sclory, street, of	or obout 21C. WHERE DID	(If In Baltimore	City, give exact lacotion)
OF INJURY	(Month) (Doyl (Year)	(Hous) 21E INJURY O		21f. HOW DID INJU	IRY OCCUR?	
(APPROX)		While At Work	Not While At Work			
22. I certify	that (I) (this hospital	attended the decease		3/18	o to Apri	I 3, 1970
that (I) (we)	last sow the decease	d allve on April 3	,	70 ond the	In (my) (aur) opin	Ion death occurred on the do
and hour and	from the couses stat	ed above. (I) (We) (die	d) (dld nat) vi	ew the bady after death.	and the second place	
23A SIGNATU		× 10				23R DATE SIGNED
THI	new Lit	re polo	Affer Phys.	iding Med.	Staff Phys.	4-4-70
23C. PHYSICIA NAME (Ty	N'S (pel) (FREDT L.	BANKIE	DEGREE	3D. ADDRESS	ora Ce	ve Batti le
24A. BURIAL CREA	MATION. 248. DATE	24C. NAME of CE	METERY OF CRE	MATORY 24D 10	CATION (City	y / will wanted
	pecityl			TITLE IL		(Sintel
H(13777		0 2	1/1			o town, or county! (State)
SA. DATE REC'D	al 4-7-70	Arbitus	Mem.	Pk.	Baltimore,	Md
ADD R	al 4-7-70	Arbitus 258, NAME OF REGISTE	Mem.	Pk.	Baltimore, V.Bailey	200





D-632 BIRTH NO.	70 370	A	TE OF DEATH	REG. NO.	70 3704
	EPH DRU MARYLAND, WHERE PRONO	TZ	ADI	HOUR OF DEATH	701 155 AM
FULL NAME OF (IF N	OT IN HOSPITAL OR INSTIT		MARYLAND C. CITY OR TOWN	11	tution: residence before admission)
Sinai Hos	epital of Bo	eltimos, and	BALTIMORE E. STREET AND NUMBER	1	YES NO
5. SEX 6. RACE	7. MAPPIED	NEVER MARRIED	6810 PARK HEI		
IOA, USUAL OCCUPATION	TTE WIDOWED	DIVORCED		ost birthday) 70	If Under 1 Yr., II Under 24 Hrs. Months: Days Hours Min. 12. CITIZEN OF WHAT COUNTRY
FOREMAN		COAT CO.	RUSSIA		u.s.A.
13. FATHER'S NAME MORRIS 1816 D	PRUTZ		14. MOTHER'S MAIDEN NAM ROSE ?	NE .	
15. Was Decased Ever in U. (Yes, no or unknown) (If yes, g	. S. Armed Forces? ive wer or dates of services	1 6. SOCIAL SECURITY NO.	17. INFORMANT	OXFORD HO	PUSE, ADDRESS APT. 5
NO			MRS. STELLA DRUT	Z, 6810 PARK	HEIGHTS AVENUE #
LEADING	NDITION DIRECTLY TO DEATH	CAUSE OF DEATH	City and t	HA:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
heart foilure, astherio, injury or complication	the made of dying, e.g., elc. II means the disease, which caused deoth.) ENT CAUSES	DUE TO, OR AS	CONSEQUENCE OF:	undail hefre	se /bien u.
DISEASES OR CONE	OITIONS, if ony, giving couse (A) stating the	(B)	A CONSEQUENCE OF:	were rigi	2 10 10 20
	NDITIONS CONTRIBUTING T RELATED TO THE TERMINAL GIVEN IN PART 1 (A)	*******************			
19A. DATE OF OPERATIO	198 CONDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	IDINGS CONSIDERED
OR CONTRIBUTING OF DEATH (notify medical e	xominer) ofc.)	o, form, foctory, street, off	or obout 21 C. WHERE DID	(If In Soltimore C	City, give exact location)
(APPROX.)	Whi			RY OCCUR?	
	this hospitol) ottended the	and the same of th		P to	n death occurred on the date
	causes stoted abave. (f		ew the body after deoth.	intmy faut abinio	m death occurred on the date
23A. SIGNATURE	of Smit	Atter	ding Med. S	toff	ER DATE SIGNED 4/5/70
23C.PHYSICIAN'S NAME (Type)	SOL SMITH	OEGRES	6810 PARK HEIG		
24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 25A. DATE REC'D BY HEALT	4-6-70 ROD	FE ZEDEK	BALT	CATION (City, FIMORE, MARY)	The second second
APR 8 1970 '	1 Sept. 258. NAME O		SOL LEVINSON &	BROS.,6010 1	REISTERSTOWN ROAD

BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/68

IMPORTANT

FUNERAL DIRECTOR:

GO THE TAIL THE SHIP HER AND DRIVE AND DESCRIPTION OF THE PARTY AND DESCRI

THE PROPERTY AND A SECOND PROPERTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY ADDRESS OF THE

DIRECTOR:

FUNERAL

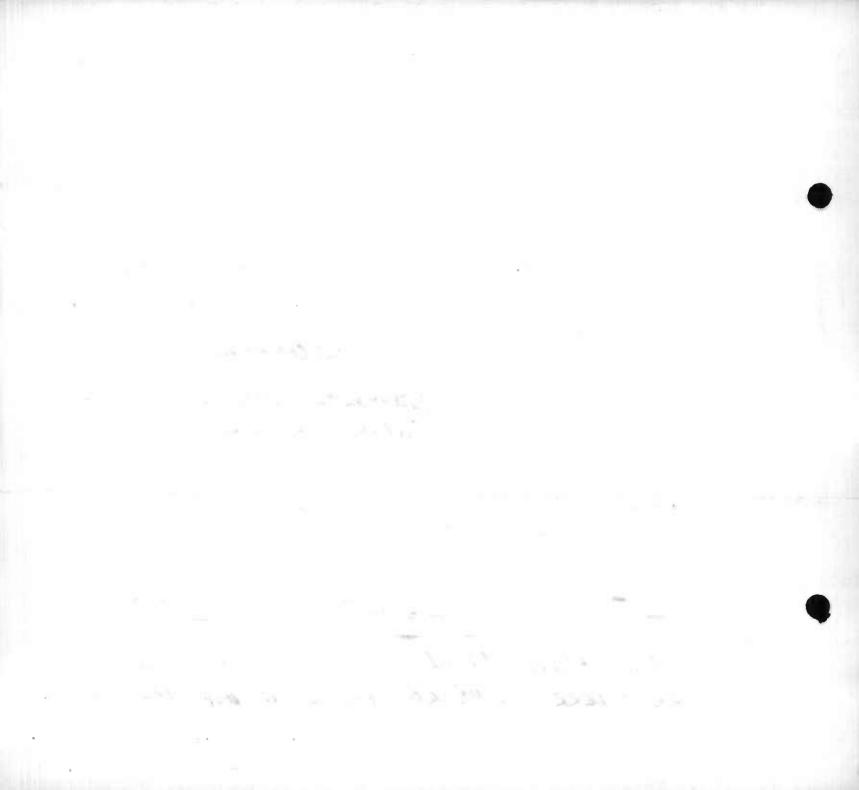


FUNERAL DIRECTOR: IMPORTANT

10 200	BALTIMORE CITY	HEALTH DEPARTMENT	/	70 3707
518TH NO. 70	3707 CERTIFICA	TE OF DEATH	REG. NO	10 3101
1. NAME OF DECEASED	2 / /	2. DATE AN	ID HOUR OF DEATH	4
(Type er Print) Mary L. To	seatty	41	6/70	1.35 P. M.
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Who	re deceased lived. If	institution: residence before edmission)
FULL NAME OF (IF NOT IN HOSPIT. ADDRESS OR LOCALINSTITUTION	AL OR INSTITUTION, GIVE STREET	Maryland c. City OR TOWN Arbutus	Ba1	TIME 5300 SIDE CITY LIMITS? YES NO
Stranger Hos	27-1	E. STREET AND NUMBER	1	
5. SEX 6. RACE	e ta l		9, AGE (In yeers	
S. SEA	7. MARRIED NEVER MARRIED	4/28/02	lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Menths Deys Heurs Min.
Temale White	WIDOWED DIVORCED	' /	67	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IOR KIND OF BOSINESS OF INDUSTRA	11. BIRIMPLACE (Stote or forei	ign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	ownHome	Marvlano	1	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Unknown		1100	110 11131	
15. Was Deceased Ever in U. S. Armed Fer	ces? 1 6. SOCIAL	17. INFORMANT	NOUN	ADDRESS
(Yes, no ar unknown) (If yes, give war ar date	s of service) SECURITY NO.	11 11 1 -		
NO		Hugh A, Beat	ty 4311	Willens Ave.
18. 4-3/10	CAUSE OF DEAT	Η' /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIF	RECTLY	1. 1	01.	
(This does not mean the made of	dving e a (A) IMMEDIATE CAL		2 hems	
heart failure, asthenia, etc. It means	the disease,	A CONSEQUENCE OF:		
injury or complication which caused	death.)			111
ANTECEDENT CAUSES	(B) / Y	merten		gray
DISEASES OR CONDITIONS, if		CONSEQUENCE OF:		
rise la lhe abeve cause (A) UNDERLYING CONDITION last.	(C)			
11	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \			
Z OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL			
19A. DATE OF OPERATION 19B. CON	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes er No	208. IF YES, WERE	FINDINGS CONSIDERED
WAS PERF	OKMED		IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., heme, form, foctory, street, o	fice bldg., INJURY OCCUR?	(If In Baltim	ere City, give exact location)
21D.TIME (Menth) (Dey) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Work At Work			
22 1		0	1966 to 6 6	Man
22. I certify that (I) (this hospital	1/3	7/2		1970.
that (1) (we) lost sow the decease			at in(my) (our) of	pinion death occurred an the date
ond hour and from the couses stat	ed obave. (I) (We) (did) (did not) v	view the body after deoth.		
23A. SIGNATURE				23 B. DATE SIGNED
My Chi son	Dh.	ending Med. Directer	Staff Phys.	6 am 10
23C. PHYSICIAN'S NAME (Type)	OEGREE	23D. ADDRESS		
0 111 11:00	di	1234511	6	21
24A. BURIAL CREMATION, 24B. DATE	24C, NAME of CEMETERY of CR	EMATORY 124D 11	OCATION V	City, town, or county) (State)
REMOVAL (Specify)	240. HANTE OF CEINETERS OF CR	1.5	CATION /	City, lowin, or county) (siete)
12 Hr12-6 4/91	10 Baltimery Wat	ionallem. Bis	1timore	Maryland
25A. DATE REC'D BY HEALTH DEPT	258. WAME OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
WAKO BIO CASE OF		Ambrose Ex	VOL.3285	Mehne Sp. Rd.
VS 150-REV 1/1/68				7 7



CENTIFICATE OF DEATH	0000
CERTIFICATE OF DEATH REG. NO.	3708
1. NAME OF DECEASED (Type of Print) 2. DATE AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased fived, If institution: lesident	11 p
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: lesidence a. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?	802
BALTIMORE YES E	но 🗌
34 BON SECOURS HOSPITAL 19 N. CAREY St. 212:	2 3
MALE WHITE WIDOWED DIVORCED JAN. 7 1924	If Under 24 Hrs Hours Min.
bane during most of working life, even if refired)	FWHAT COUNTR
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	<i>O</i>
Peter Chenowith St. Ryan-Mary Margaret	
5. Wes Decessed Ever in U. S. Armed Forces? 16. SOCIAL Yes, no or unknown) (If yes, give wor or doles of service) 17. INFORMANT ADD	RESS
Yes WWII 2/7-14-5380 Viola M.Chenowith -3422 Ash	St.
18. 571,9 1 CAUSE OF DEATH	OXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2/1
IThis does not meen the mode of dving, e.g. (A)IMMEDIATE CAUSE	Dolus
heori failure, osthenio, etc. It meons the disease, injury or complication which coused death.	
ANTECEDENT CAUSES HADAGGE AT MARICES	1
DISEASES OR CONDITIONS, if any, giving (B) DUE 10, OR AS A CONSEQUENCE OF:	one
rise to the obove couse (A) stoling the UNDERLYING CONDITION lost, (C)	years
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSYT (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION IN CERTIFYING CAUSES OF DEATH	IDERED ?
OR CONTRIBITING CALLE OF	locotion)
DEATH (notify medical examined elc.)	
Mork Not While Not Work N	
22. I certify that (t) (this hospital) attended the deceased from 4.4 19.70 to 4.5	1970
that (i) (see) last sow the deceased alive on 4.5.70 19 and that in (my) (evr) apinion deeth acc	
and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.	urrea an the dot
23A. SIGNATURE (1) (23B. DATE SIGN	IED
Allen Cher Ma Che Attending Med. Director Phys. 4.5.7	
1AIN C. KERR MB. CLB. BON SECOULT HOSP. BALTO =	#23
44. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or count	•
Burial 4/9/70 Baltimore National Cem. Balto.,	Md.
ADD O THE WAR IS CO. MINISTER VIEW	DRESS
APRO 570 Ann Donovan - 3818 Roland A	



, and the second of the second

FUNERAL DIRECTOR: IMPORTANT

1.1 1/2	21 10	3710	BALTIMORE CITY	HEALTH DEPARTMENT		70 2710
10-4=	26	0.40	CERTIFICA	TE OF DEATH	REG. NO	70 3710
I. NAME OF DE	ECEASED			2. DATE A	ND HOUR OF DEATH	
(Type or Print)	Carl (Hazzy)	Waldron	Apri:	1 3, 1970.	1:50 p
3. PLACE IN BA	ALTIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU		nstitution: residence before odmission
FULL NAME O	F (IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Md •	2 1815	SIDE CITY LIMITS?
INSTITUTION	House in Th	e Pine	9.9	Baltimore		YES NO
41	2525 W. Bel			E. STREET AND NUMBER		
10					1312 Bons	sal Street
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Manths Days Hours Min.
M	Caucasian	WIDOWED		Nov. 1, 1889.	80	
	CUPATION (Give kind of worl of working life, even if retired)			11. BIRTHPLACE (Stote or far		12. CITIZEN OF WHAT COUNTR
Retired	d	Coal	Miner	West V:	irginia	USA
3. FATHER'S N				14. MOTHER'S MAIDEN NA		
	Alfred W	aldron			Alice S	Shepard
	ed Ever in U. S. Armed For wn) (If yes, give war ar date		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			232-12-3219	Mrs Alberta Po	oist	(Same)
18. 7 5	0.9		CAUSE OF DEATI	1		APPROXIMATE INTERVAL
DISE	ASE OR CONDITION DI	RECTLY		1		SETWEEN GROCET AND BEAT
471	LEADING TO DEATH		(A) IMMEDIATE CAL	SE Preus	nonca	- rup
	nal mean the made af e, asthenia, etc. It meons			A CONSEQUENCE OF	lo -	2 mo.
injury ar c	amplication which caused	death.)		0 1		
	ANTECEDENT CAUSES		(B)	rucles		10415
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	elevolee	1/20/00M
	The abave cause (A) NG CONDITION last.	slaling ine	(c)			/
	11					
	NIFICANT CONDITIONS CO					
E HO INE DE	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR					
19A.DATE	OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	ON CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
		1 1000		No	25.00	
OR CONTRI	DENT WAS UNDERLYING DIBUTING CAUSE OF tify medical examiner	hon	B.PLACE OF INJURY (e.g., i ne, form, foctory, street, of) / 20	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Baltima	ore City, give exact lacotian)
21 D. TIME	(Manth) (Dov) (Year)		. INJURY OCCURRED	21F. HOW DID IN	IIIBY OCCUP?	
S OF INJURY	(Additil) (Doy) (Teon		ile At Not While		JOKI OCCOK.	
(APPROX.)		Wo		7 1	0	
22. I certi	fy that (1) (this hospita	l) ottended t	he deceosed from	tor 9	1920 to le	KUL 5 1960
that (I) (w	e) lost sow the decease	ed olive on		19ond t	hot in (my) (our) op	inion deoth occurred on the do
ond hour o	and from the couses sto	ted obove. (l) (We) (did) (did not) v	iew the body ofter death.		
23A. SIGNA	TURE	711-				23B. DATE SIGNED
	Lexu	100	Me Var Phy	nding Med. Director	Staff Phys.	4/6/70
23C. PHYSIC	IAN'S (Type)		- 1	23D. ADDRESS	ELLUS EL DE	,
1170716	Lester 1	V. Koln	nan DEGREE	6821 Reiste	rstown Rd.	
24A. BURIAL C	REMATION, 24B. DATE		AME of CEMETERY or CRI	MATORY 24D.	LOCATION (C	City, town, or county) (State)
Burial	L(Specify) 4/7/70	O. Ho:	lly Hill Cemet	ery	Baltimor	e. Md.
25A. DATE REC	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
APR 8	1970 Jaber E.	Jackey .	M.A.	Leonard J. F	duck, Inc. B	alto. Md. 21214
(C 160 DCV 1/	1/40				•	

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4 5 6

FUNERAL DIRECTOR:

1 21/1			BALTIMORE CITY	HEALTH DEPAI	RTMENT		70 0711
DA40	70	3711	CERTIFICA	TE OF DI	EATH	REG. NO	10 3111
NAME OF DECEASED	JOSEPHI	NE	DOCCOLO			ND HOUR OF DEAT	H A.M.
HOSPITAL OR NSTITUTION		AL OR INSTITU	UNCED DEAD	A. USUAL RESIDA. STATE Maryland C. CITY OR TOW Baltimor E. STREET AND 3202 Bev	B, COU	D. IN	Institution: residence before admission SIDE CITY LIMITS? YES X NO
. SEX 6. RA	CE	7. MADDIED	NEVER MARRIED	8. DATE OF BIRT		lo ACE //-	If Under 1 Yr., II Under 24 Hr
female c	aucasian	WIDOWED		Nov.21,		lost birthdoy) 85	Months Doys Hours Min.
OA. USUAL OCCUPATION during most of working housewife			BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or for	reign country)	12. CITIZEN OF WHAT COUNTI
3. FATHER'S NAME	Baldi			14. MOTHER'S A	AAIDEN NA		
S. Wos Deceosed Ever fes, no or unknown) (If you	in U. S. Armed For es, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	p Doco	colo, 5108 1	ADDRESS Belair Road, Balto,
OTHER SIGNIFICAN TO THE DEATH BUT DISEASE OR CONDI 194. DATE OF OPE	NDITION Iasi. I CONDITIONS COI T NOT RELATED TO TI TION GIVEN IN PAR	NTRIBUTING HE TERMINAL T 1 (A).	(C)	20A. AUTOPS	Y? (Yes or N	lo) 20B. IF YES, WER	E FINDINGS CONSIDERED
19A. DATE OF OPE	WAS PERI	FORMED				IN CERTIFYING C	CAUSES OF DEATH?
OR CONTRIBUTING	CAUSE OF	21 B. hom etc.	PLACE OF INJURY (e.g., ine, form, foctory, street, o	n or obout 21C. Wi	HERE DID OCCUR?	(If In Boltin	nore City, give exact location)
-	nth) (Doy) (Year)		INJURY OCCURRED ile At Not Whith	e —	W DID IN	JURY OCCUR?	
that (I) (we) last	saw the decease in the causes state that I	ed alive an red abave. (I	DEGREE Phy	ending M. S. Di 23 D. ADDRESS	fter death.	Shaff Phys.	pinian death accurred an the description of the des
4A. BURIAL CREMATION REMOVAL (Specific	ON, 248. DATE	24C. N	AME OF CEMETERY OF CR	EMATORY	24D.	LOCATION	(City, town, or county) (State)
4A. BURIAL CREMATION REMOVAL (Specify	ON, 248. DATE	Но	AME OF CEMETERY OF CR			Baltimore,	

x 17-81, ve-Planting town the Mark affect and the St. 1110 Ten James (Lond) 1955 (Penns) where the set of

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DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

NO K

ADDRESS

APPROXIMATE INTERVAL

(State)



This certificate must be approved by the chief medical examiner or his assistant if depth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
--

1	W-256 70 3713 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 70 3713
	1. NAME OF DECEASED WAGNER; ELMER W. 2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Whele deceased lived, Il institution: residence before admission) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 4. USUAL RESIDENCE (Whele deceased lived, Il institution: residence before admission) A. STATE D. 2 1 2 6 3 1
	MD-General HOSPITAL C. CITY OF TOWN LIMITS? YES NO NO
made.	5. SEX 6. RACE 7. MARRIED 8. DATE OF BIRTH 03 9. AGE (In yeors II Under 1 Yr. II Under 24 Hrs.
is m	WIDOWED DIVORCED O 7 To lost bithday Months Doy's Hours Min.
ition	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) MUTUAL CIERK RACE TRACKS BOULDING 12. CITIZEN OF WHAT COUNTRY? DESCRIPTION OF WHAT COUNTRY?
disposition	13. FATHER'S MAJE PULLED WAYNER 14. MOTHER'S MAIDEN NAME PRESION
final	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give war or doles of service) VES WW II 16. SOCIAL SECURITY NO. 17. INFORMANT THE Same
ed or	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAUSE OF DEATH RESPINATORY CAUSE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
mbalm	(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. If meons the disease, injury or camplication which caused death.)
0	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving tise to the obove cause (A) stelling the
ins are	ise la the obove cause IA) stoling the UNDERLYING CONDITION last. (C)
e remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
before the	WAS PERFORMED 20A. AUTOPSY? (Yes of No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIBU
btained	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APEROX.) While At Not While At Work
be obt	22. I certify that (1) (this hospital) attended the deceased fram
must	and have and from the causes stated obave. (1) (W) (did) (did not) view the body after deoth.
vai m	Attending Med. Staff M 238, DATE SIGNED 777
approval	24A, BURIAL CREMATION 124R DATE - DIG NAME - CRAYYOU DEGREE MD-Gen. HOST.
written	BURIA! 4/10/70. MORELAND MEM. CEM. BALTIMORE, Md.
W	APR 8 1970 Report 1258 NAME OF REGISTRAR. ADDRESS LEON AR J. Ruck, Tuc. 21214



C-436	7	37 MED	14 ICAI		BALTIMORE CITY HE			OF I	DEAT	н	17/1	3	n")4	A
BIRTH NO.		74120		/		PEKINI	CAIL	01	DLAI	REG. I	NO.	9	3/1	4
I. NAME OF DEC	EASED	G.				2. DATE	Known		Month	Doy		Year	Hour	
(Type or Print)	SHIRI	LEY CAL	DERON	Æ		OF DEATH	Estimate			20,			*11701	
4. PLACE IN BAL	TIMORE, M	ARYLAND, M	HERE P	RONO	UNCED DEAD	3. DATE			Month	Doy		Yeor	Hour	M
FULL NAME OF HOSPITAL OR INSTITUTION	HOSPITAL ADDRESS OR LOCATION)						NCED DE		4	5		1970	7	Р. м
		wood Rd		t.		S. USUAL R	Md.	(Where	lece ased li	B. COUN		1 ence be	fore odm	34
6. SEX	7. RACE		B. MARR	RIED _	NEVER MARRIED	C. CITY OR	TOWN			D. INSID	E CITY LI	MITS?		-
Female :	Whit	te	WIDOV			Ba1	to				YES x	1 N	οП	
Sept. 8,		I O. AGE (In lost birthd or	years 35	If Und Month	der 1 Yr. II Under 24 Hrs. s Doys Hours Min.	E. STREET A			d Rd	Apt				
11. BIRTHPLACE (S	tate or lare				TIZEN OF	13. FATHER		. L W O O	a ma	ZIPC	g 23.J.			
New Y		ve kind al world	4B. KIND	_	HAT COUNTRY? USINESS OR INDUSTRY	15 MOTHE	O'S MAIDEN	?		Me	Cutch	eon		
Housew	orking lile, e	ven il retired)			OSHIVESS OR HADOSIK			A MAMI		Ther	esa S	nyde	r	
Yes, na of unknown)	D EVER IN (If yes, give	U.S. ARMED wor ar doles	FORCES of service)	SECURITY NO.	Mr. Jo		Calde	rone,	2031	ADDRE E. Be		dere	Ave
(This does not heart follure, Injury ar com AN DISEASES CRISE TO THE UNDERLYIN	EADING TO the mean the asthenia, et plication wh ATECEDENT OR CONDIT ABOVE CA G CONDIT	mode of dyl c. it means the ich coused dea CAUSES IONS, IF ANY AUSE (A) STAT	ng, e.g., disease, th.) , GIVING ING THE	ING	(A) IMMEDIATE C DUE TO, OR A (B)	AS A CONSEQ			oison	ing		BETWEE	N ONSET	AND DEATI
TO THE DEA	TH BUT NO	T RELATED TO	THE TERM	INAL							**********			
20A. DATE OF	OPERATIO	N 208. CON	NOITION	FOR W	HICH OPERATION WA	S PERFORM	ED	(55)			21.	AUTOPS	Y? (Yes	or No)
UNDERLYING UTING CAL 22D. TIME () OF INJURY	JSE OF DE	ITRIB- ATH. Day) (Year) 22E	ACE OF INJURY (e.g., farm, foctory, street, office home LINJURY OCCURRED ILE AT NOT NORK AT W	bidg., etc.) in	c. where diversions of the control o	Ambe	rwood	Rd.	Apt		26	34
	RE	Natural caus	M-	Acc	Inspection Suicident Suicident M.D.	ASSIS	and that micide HIEF MEDI TANT MEDI CIATE MEDI	CAL EXA	AMINER	ed mann			ATE SIG	6-70
24A. BURIAL CREM REMOVAL (Specify Burial	ATION,	248. DATE 4/8/70	0.		NAME of CEMETERY				Balt	(City,	tawn, or co			ote)
25A. DATE REC'D E APR 8 //S 151-REV, 1/1/68	1970		25B. N	AME O	OF REGISTRAR	25C. F	uneral di onard	RECTOR			ADDRE	SS	. 21	214
2 101-451 1/1/09	135 6	# E - 12 SE						4 4						

Capt. 8, 2536. HeChileRean Threes Sayder elimetol' . with members of the State of Swint | Lation | condend described Constant . Dal timorei, 16. Lacener J. Diele, Sec. Salto, Md. 22211

25C. FUNERAL DIRECTOR

EMPUAL

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

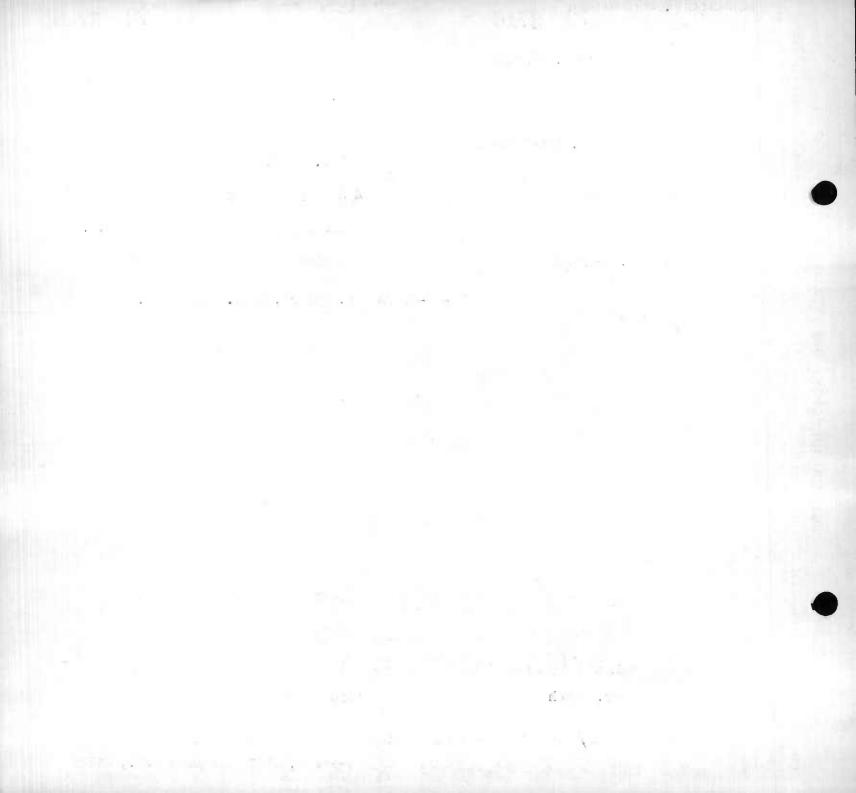
258. NAME OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/6B

D. INSIDE CITY LIMITS? YES TO NO If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Mr. Tyler . 22 St Athol Ave. 21229 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OTIC CID DISTALL 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) 19 7 0 _19____ond that in(my) (our) opinion death accurred an the date (City, town, or county) Baltimore, Maryland ADDRESS Witzke, 4101 Edmondson Ave., 21229





VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

No 🗌

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

AORTIC

(Stote)

ADDRESS

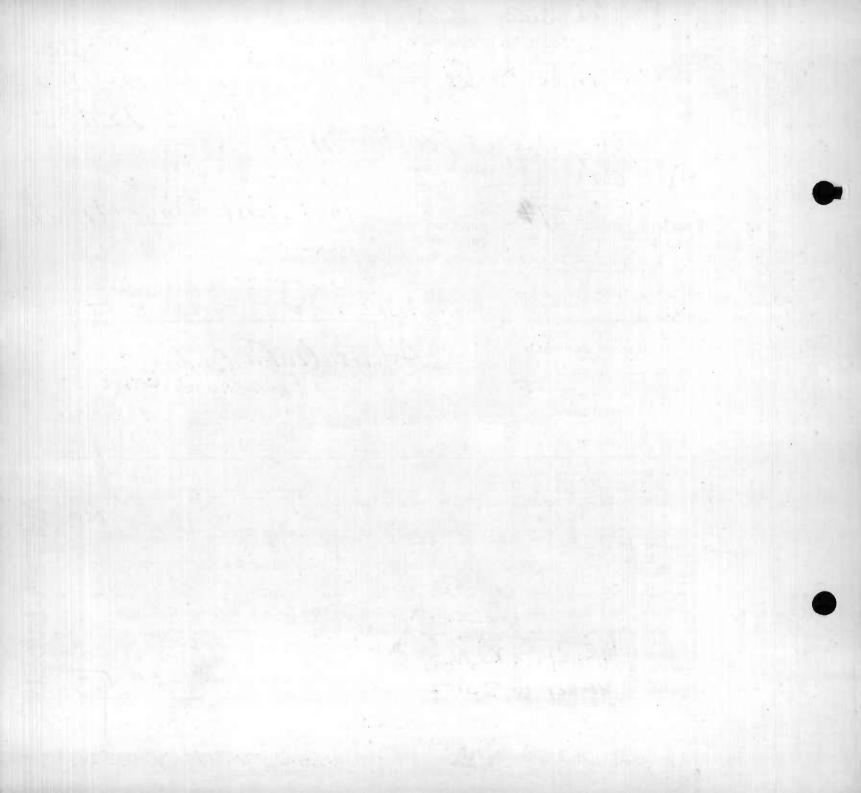
3800 1 1 1

BALTIMORE CIT	TY HEALTH DEPARTMENT
BIRTH NO.	ATE OF DEATH REG. NO.
Type or Print)	, Myrtle 04-05-70 9:00P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Whore deceased lived. If institution: residence before admissing MARYLAND
THE JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER D. INSIDE CITY LIMITS? YES NO OUT TOWN YES NO
	1207 N. BRADFORD ST.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 F Months; Doys Hours Min.
FEMALE NEGRO WIDOWED DIVORCED	3 0 20 20
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	North Carolina 14. MOTHER'S MAIDEN NAME
Lemmuel Boone	Gussie Morgan
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mr. Elmo Boone 135% Stonewood Rd.
18. CAUSE OF DEA	ATH APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DE
LEADING TO DEATH	LODTIC HOON THE
(A)IMMEDIATE C	
heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which caused death.)	0 0000000000000000000000000000000000000
ANTECEDENT CAUSES	avari Soul Sing Illipamum 24 HD
(B) 17701·	1017 C 1937 1311 C 010 F0000 7 1 1 1 1 1 1
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	AS A CONSEQUENCE OF: (
UNDERLYING CONDITION lost. (C)	
(0/	
,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	YES XXXX IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	., in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
OR CONTRIBUTING CALICE OF	office bldg., INJURY OCCUR?
d DEATH (notify medical examined etc.)	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not W	
	TK L
	1.17
22. I certify that (I) (this haspital) attended the deceased from	4/5 1970 19
	4 5 19 70 10 19
22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last sow the deceased alive an	19 70 to
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive an ond hour and from the causes stated above. (I) (We) (did) (did not)	2 19 70 to
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive an ond hour and from the causes stated above. (II) (We) (did) (did not)	19 70 to
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive an ond hour and from the causes stated above. (II) (We) (did) (did not)	19 70 to 19 19 ond that in (my) (our) opinion death occurred on the continuous of the body ofter death. 238. DATE SIGNED
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive an ond hour and from the causes stated above. (II) We) (did) (did not) 23. SIGNATURE A DEGREE A DEGREE	19 70 to
22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last sow the deceased alive an ond hour and from the causes stated above. (I) (We) (did) (did not) 230. PHYSICIAN'S	19 70 to 19 19 ond that in(my) (our) opinion death occurred on the continuous of the body ofter death. 238. DATE SIGNED
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive an ond hour and from the causes stated above. (II) We) (did) (did not) 23. SIGNATURE A DEGREE A DEGREE	19 7 to
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive an ond hour and from the causes stated above. (II) (We) (did) (did not) 230. SIGNATURE 23C. PHYSICIAN'S NAME (Type) CHARLY PRECE M. DEGREE	19 70 to
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive an ond hour and from the causes stated above. (II) (We) (did) (did not) 230. SIGNATURE 230. PHYSICIAN'S NAME (Type) 240. NAME of CEMETERY of COMMON ALL (Specify)	19 70 to 19 19 ond that in(my) (our) opinion death occurred on the control of the last opinion death occurred on the control of the last opinion death occurred on the control of the last opinion death occurred on the control opinion death occurred on the contr
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive an sound hour and from the causes stated above. (II) We) (did) (did not) 230. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CEMETER	19 70 to 19 19 ond that in(my) (our) opinion death occurred on the control of the body ofter death. Staff Phys. 23B. DATE SIGNED 23B. DATE SIGNED 23D. ADDRESS 24D. LOCATION (City, town, or county) (State of the body ofter death.) Phys. 24D. LOCATION (City, town, or county) Balto., Md.
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive an sound hour and from the causes stated above. (II) (We) (did) (did not) (23 pt. SIGNATURE) 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE (24C. NAME of CEMETERY of Company). Company (15 pt.)	19 70 to 19 19 ond that in(my) (our) opinion death occurred on the control of the body ofter death. 19 ond that in(my) (our) opinion death occurred on the control of the body ofter death. 238. DATE SIGNED 23D. ADDRISS 23D. ADDRISS 24D. LOCATION (City, town, or county) (State of the body
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive an source ond hour and from the couses stated above. (II) We) (did) (did not) 23%. SIGNATURE 23C. PHYSICIAN'S NAME. (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CEMETERY of CEMETERY of CEMETERY of CEMETERY of CEMETERY.) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CEMETERY.	19 70 to 19 19 ond that in(my) (our) opinion death occurred on the view the body ofter death. Staff Phys. 23B. DATE SIGNED 23B. DATE SIGNED 4 5 00 000 000 000 000 000 000 000 000

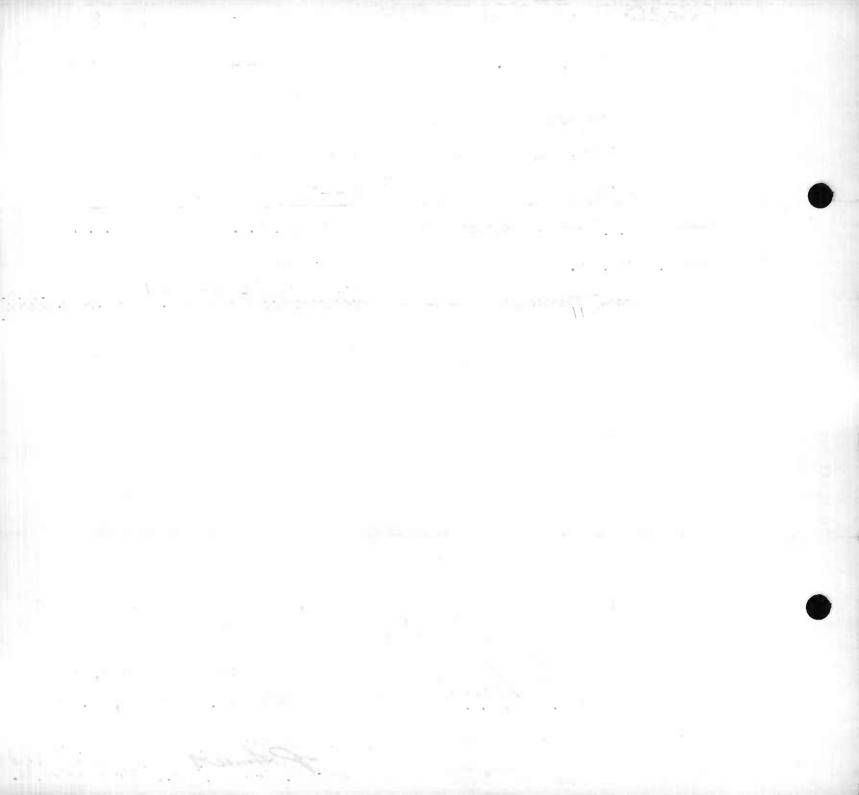
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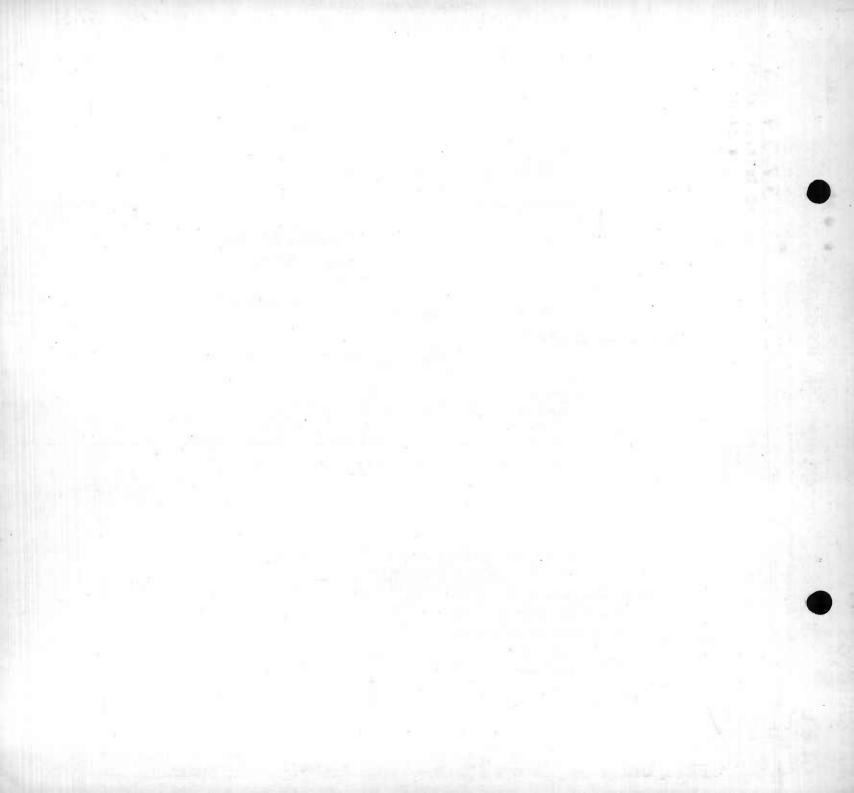
Letter from M.E.'s office

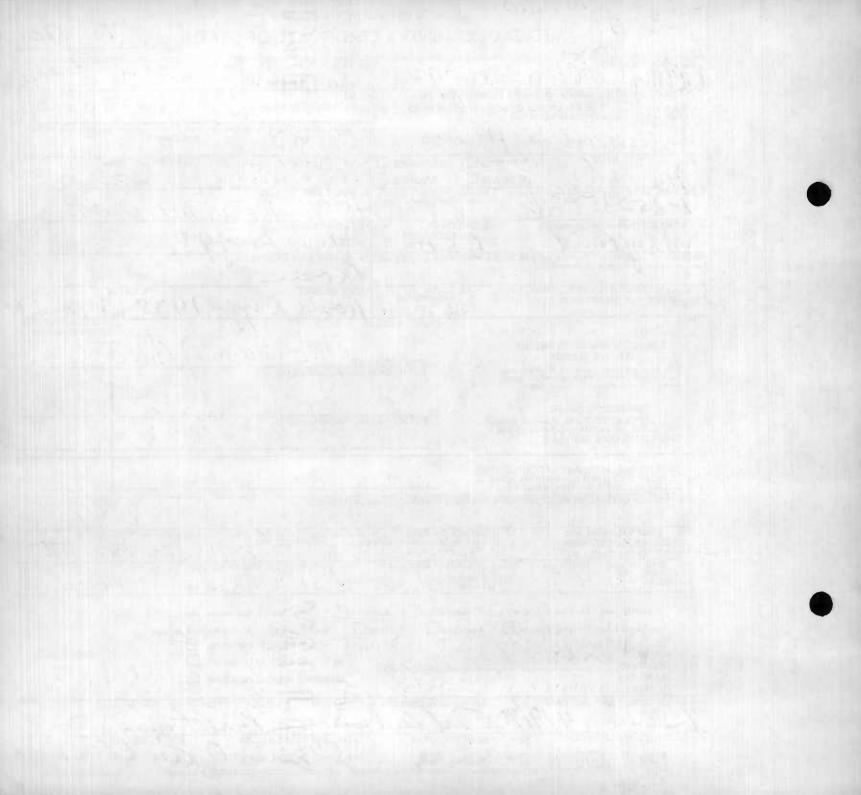


<	5-530 70 37		HEALTH DEPARTMENT	X REG. NO.	70	3723	
	RTH NO.	CERTIFICA	TE OF DEATH	KEG. 140.			
	Pe or Printl SMITH, CARL H			D HOUR OF DEATH		12:35 A	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCEO OEAO	4 USUAL RESIDENCE (When	e deceased lived, If in	stilulions		
H	ILL NAME OF (IF NOT IN HOSPITAL OR I DSPITAL OR ADDRESS OR LOCATION) STITUTION Veterans Administr	NSTITUTION, GIVE STREET	Maryland $\mathcal{B}_{\mathcal{A}}$	110.		5300	
IN	shrunon Veterans Administr 3900 Loch Rayen Bl	-	C. CITY OR TOWN Baltimore	D. INS	IDE CITY		
L	Baltimore, Marylan		E. STREET AND NUMBER 1 Willow Avenue	le	YES X	NO []	
5.	Male White Wido		8. OATE OF SIRTH 10-4-26	9. AGE (In years lost birthdoy)	if Und Months	er 1 Yr. Il Under 24 Hrs. Doys Hours Min.	
104	LUSUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INOUSTRY		an country!	12 CIT	IZEN OF WHAT COUNTRY	
B	ookeeper U.S. Weather	Dospook Bureau	Washington, D.		12.011	U.S.A.	
	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE			
C	arl H. Smith, Sr.		Cecelia Olive				
5. Ye:	Was Deceased Ever in U. S. Armed Faices? s, no or unknown! (If yes, give war or dates of serv	16. SOCIAL SECURITY NO. 579-28-13-86	The Chaisson	ORENCEN OFFICE	OIRO	ADDRESS Ave S	
	18. 202,21	CAUSE OF DEATH				APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Lymphoma			months		
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO, OR AS A	CONSEQUENCE OF:	******************************		MONTONS	
	injury or complication which caused death,)						
	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, it any, ginse to the obove cause (A) stating UNDERLYING CONDITION tast.	A CONSEQUENCE OF:					
AIION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL					
ERTIFICATION	19A-DATE OF OPERATION 19R CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) YES	208 IF YES, WERE F	INDINGS USES OF	CONSIDERED DEATH?	
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (nofily medical examined)	21B. PLACE OF INJURY (e.g., In home, form, lactory, street, affi- etc.)	In or obout 21C. WHERE OIO INJURY OCCUR? (If In Boltimore City, give exact location)				
5	21D-TIME (Month) (Doyl (Year) (Hour) OF INJURY (APPROX.)	21F. HOW DID INJURY OCCUR?					
Work L At Work L							
	22. I certify that (#) (this hospital) attended the deceased from March 30, 19 70 to April 1, 19 70 that (#) (we) lost saw the deceased alive on April 1, 19 70 and that in(本) (our) opinion death occurred on the date						
1	ond have ond from the couses stated obov	e. Ch (We) (did) (MINCART VI	w the body ofter deoth.				
	23A. SIGNATURE				23B, OAT	E SIGNED	
	6	DEGREE Phys.	ding Med. Spirector P	hys.	Apri	1.2, 1970	
	23C. PHYSICIAN'S NAME (Type) YOUNG E. CHUN,	M.D. 23	D. AOORESS 3900 Loch Raven				
A		C. NAME of CEMETERY OF CREA			y, town, o		
B	urial 4/4/70 U	Vashington Nation	al Cemetery Su	itland Pri	nce G	eorge Manula	
	OATE REC'O BY HEALTH DEPT. 258-NAJ	ME OF REGISTRAR	3770	- Curricula 1 Cu	1000	THE COLUMN THE PERSON AND THE PERSON	

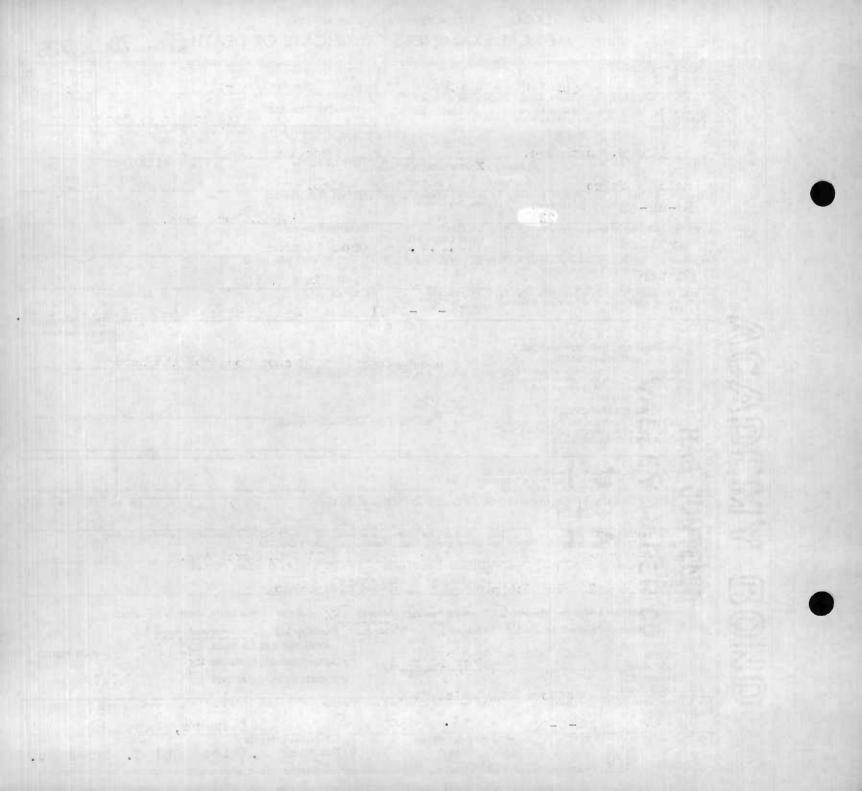


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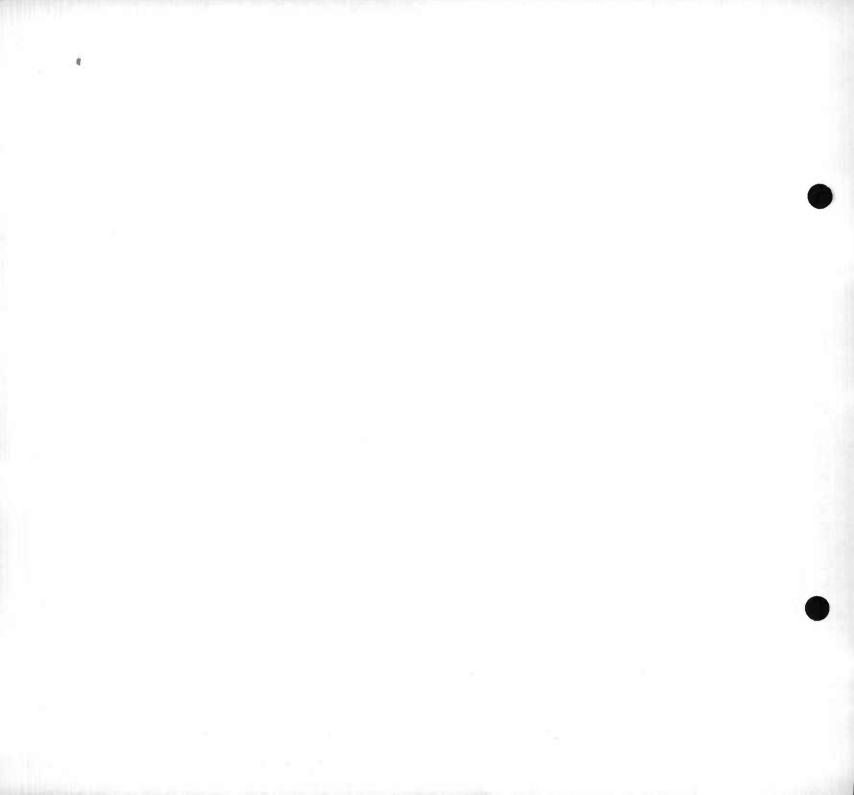




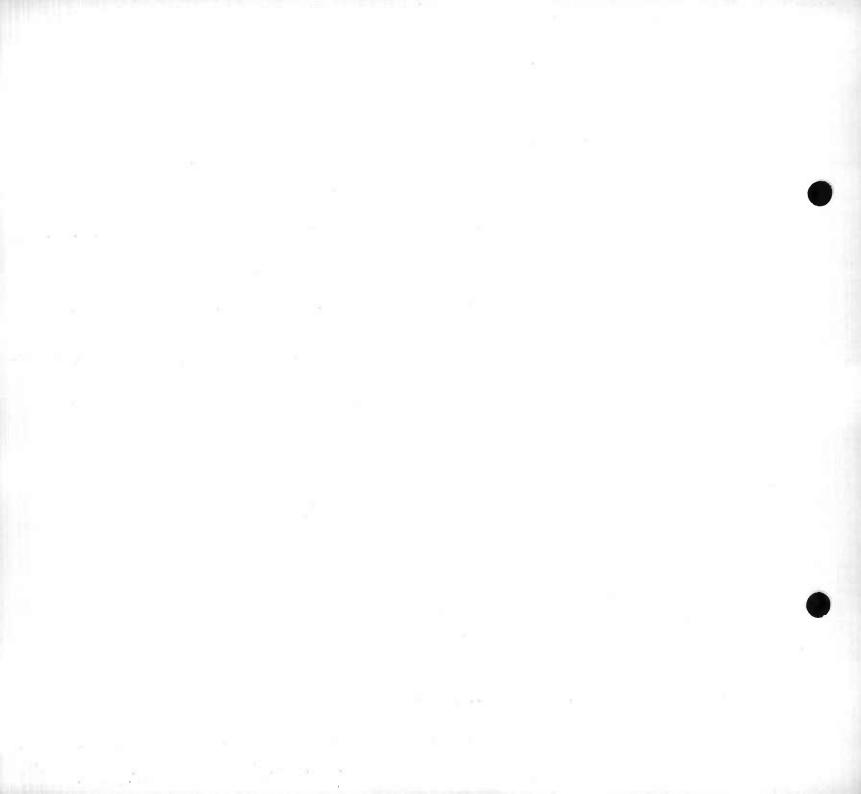
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-			MED	ICAL	. EX	CAMINER'S	CERTIFI	CATE	OF DEAT	H REG. NO.	70	272	2
	HNO.											015	0
(Type	AME OF DEC						2. DATE OF	Known		Doy	Yeor	Hnur	
			RANDOL			UNCAN	DEATH	Estimoted	UDITI	2	70	7:17	рм.
						UNCED DEAD	3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour	
HOS	PITAL	ADDRE	SS OR LOCAT	ION)	HUHC	N, GIVE STREET	- AOIVE	ONCED DEAL	Anr	11_2.	1970	7:17	D M.
ORI	NOTUTITZN							RESIDENCE (ived. If institution:	residence b	efore odmis	sion)
6	1109	E. No	rth Azz	2			A. STATE	Marylan	d	B. COUNTY	7	19	
6. 5	EX	7. RACE	A COLL CAV		RIED K	NEVER MARRIED	C. CITY O		4	D. INSIDE CIT	Y LIMITS?	4	
	M-1-	37		WIDOV	-		D. 1					[
9. D	Male ATE OF BIRTI	Negro	10. AGE (In			der 1 Yr. If Under 24 Hrs.	Ba1	AND NUMBE	R	YE	2 🗀	ио Ц	_
	10-29-		lost birthdov	1		Doys Hours Min.							
A1 F	IRTHPLACE (S	hada an f	20	,	40 CI	TITENIOS	In CATHE		E. North	Ave.			
			n country)			TIZEN OF	13. FATHER						
	Maryla					U.S.A.	1	Dunca					
done	USUAL OCCU during most of w	PATION (Give corking life, ev	e kind of work I en If rettred)	4B. KIND	OF B	USINESS OR INDUSTR							
	Por ter						Pau	line L	aton				
16. \	NAS DECEASI	ED EVER IN	U.S. ARMED	FORCES	5?	17. SOCIAL SECURITY NO.	18. INFOR	MANT		AD	DRESS	- 10	
(165,	no	(ii yes, give w	vor or doles c	n service	'	219-52-670	1 Sus	an Ann	Duncan	3928	FT OWA	nton	Ed
Ti	9.	10/16	X			CAUSE OF DEA			Danoan	0020	API	PROXIMATE IN	
	1	0 6									BETW	EEN ONSET A	4D DEATH
		E OR COND LEADING TO		TLY						C .1 - 1			
		of mean the		ng, e.g.,		(A)IMMEDIATE	AS A CONSE		ot wound	of the h	lead		
	heart foilure,	osthenlo, etc.	. It meons the	discose,		DOC 10, 0K	AS A CONSE	POLITICE OI.					
				,									
		NIECEDENT				(B)						2/202000000000	
	RISE TO THE	OR CONDITION	ONS, IF ANY, USE (A) STATI	GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:					
2	UNDERLYIN	G CONDITI	ON LAST,			(c)							
의			II.										
CERTIFICATION	OTHER SIGN	IFICANT CON	IDITIONS CO	NTRIBUT	TING								
프		ATH BUT NOT				***************************************							
R I	OA. DATE OF	OPERATION	1 208. CON	DITION	FORV	VHICH OPERATION W	AS PERFOR!	MED			21. AUTO	PSY? (Yes o	r No)
Ö	21										3777	a	
7 2	2A. EXTERI	NAL CAUSE	WAS		22B. Pt	ACE OF INJURY(e.g.,	in or obout	22C. WHERE I	DID (If In Boltime	re City alve ever	YE YE	5	
	UNDERLYING	OR CON	TRIB-		hom e,	form, foctory, street, offic	e bldg., etc.)	INJURY OCCU	JR? `	0	1. 60		
	UTING CA				1 100	Home		1105 E	North A	ve.	//		
	OF INJURY	(Monin) (D	oy) (Year)	(nou		ELINJURY OCCURRED		ZZF. HOW DIL	J INJURY OCC	UK?			
L	(APPROX.)	4 2	70	6:40	D. W	ORK AT V	WHILE ORKX	Unknow	vn.				
2	23.						П-						
191	I cerr	Ify that I he	eld on In	quiry L		Inspection Au		ond that	on this basis,	deoth in my	pinion		
	result	ed from: N	otural cour	es 📙	Ac	cldent Suicio	le 📙 H	omicide 📙	Undetermi	ned monner 🛚	X		
	ACTUAL	(DA.	1	12 12 1		CHIEF MEDIC	AL EXAMINER			DATE SIGN	IED
	SIGNATU	JRE	1	1911	GAR	MELLEN Y M.D	ASS	ISTANT MEDIC	CAL EXAMINER	***		DATE STOP	
	EXAMINI			200		1	ASS	CIATE MEDIC	CAL EXAMINER		4/3/	70	
	NAME (T		Teidor	o Mi	hal.	akis M D							
24A REM	BURIAL CREA	MATION, 2	48. DATE	O XXX	24C	NAME of CEMETERY	or CREMAT	ORY :	24D. LOCATION	(City, lown,	or county)	(Stot	e)
I	OVAL (Specification)	"	4-6-70)		Mt. Aubur:	n		Baltime	ore, Ma	mar I o	5	
_	DATE REC'D			-	AME	F REGISTRAR	1250	FUNERAL DIR			DRESS	id	
1 1	0.88	4076	12.45	Jal	Bear.	AC. D.			A. Rice			rre S	+
	APH B	13/0	where a		· Hu	-and			1	001	ne Da	119 5	,
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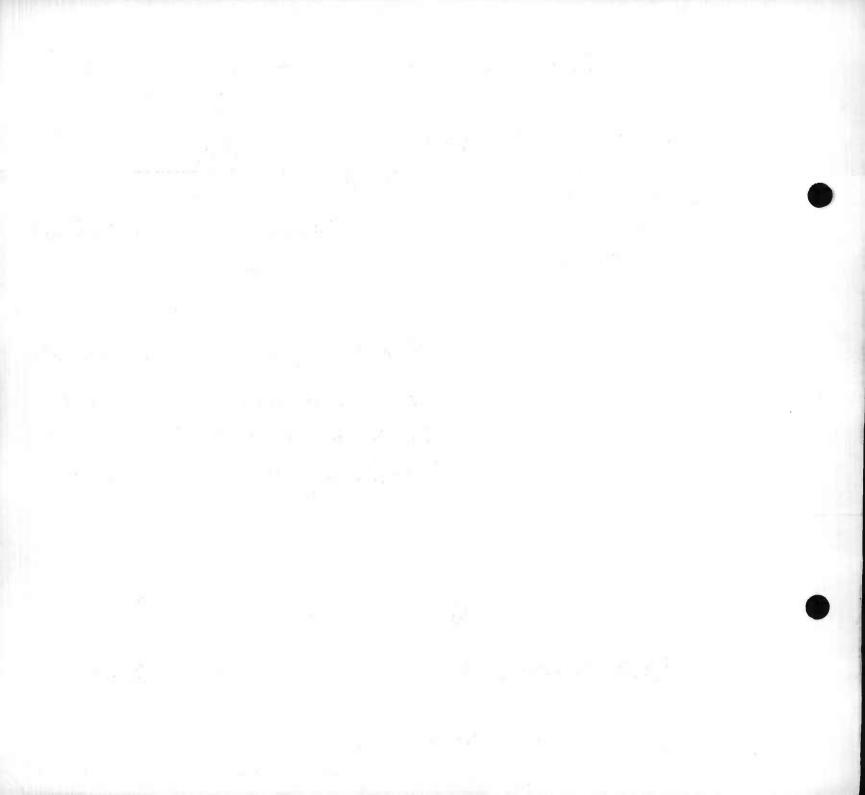
70 3727		HEALTH DEPARTMENT	REG. NO.	70 372	27
BIRTH NO.	CERTIFICA	TE OF DEATH			
Type or Print RALPH A . ROWELL			HOUR OF DEATH	120\$	0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (Wile	re doceosed lived. If in	stitution; residence before	odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	ION, GIVE STREET	me.		130	12
INSTITUTION		C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?	
Umwersty of Maryland H	antal	E. STREET AND NUMBER		YES NO]
38 3 3		2227 Brooks	field Owen	ويد	
	CARRELL LIBERTANEE	DATE OF BIRTH	7. AGE (In yours lost birthdoy)	If Under 1 Yr. If Un Months Doys Hours	der 24 Hrs. Min.
MIDOMED ☐	DIVORCED L	3/5/15	55		
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF B done during most of working life, even if refired)	USINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn countryl	12. CITIZEN OF WHAT	COUNTRY?
	-			NZU	
13. FATHER'S NAME	1	MOTHER'S MAIDEN NA	ME		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wer or dates of service)	6- SOCIAL 1	7- INFORMANT		ADDRESS	
(res, no or unknown) (If yes, give wer or dotes of service)	SECURITY NO.			ADDRESS.	
18.	CAUSE OF DEATH	Chart		APPROXIMAJE	INTERVAL
DISEASE OR CONDITION DIRECTLY	J. J	0		BETWEEN ONSET	AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAUS	: Kenal Faifure	L	36 hrs.	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:			
injury at camplication which caused death.)			. 6		
ANTECEDENT CAUSES	(B) Cng	CONSEQUENCE OF:	ifue	100	3
DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the					
UNDERLYING CONDITION last.	51/20H (2)	Amenfficiency		645	
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		00 0		1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	****************				***********
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199. DATE OF OPERATION 198. CONDITION FOR WH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING [7]	ICH OPERATION	20A. AUTOPSY? (Yos or No	208, IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?	
WAS PERIORNED		Ille	IN CERTIFYING CAL	USES OF DEATH?	
On CONTRIBUTION OF THE	ACE OF INJURY (e.g., in lorm, factory, street, affic	or about 21 C. WHERE DID	(If to Boltimore	City, give exact locotion)	
OR CONTINUE TING CAUSE OF home, otc.)					
S OF INJURY	At Not While	21F. HOW DID INJ	JRY OCCUR?		
Work	At Work				
22. I certify that (1) (this haspital) attended the			9 10 to 10 PM		70
that (i) (we) last saw the deceased alive on.		1910and the	at in (my) (aur) apin	nion death accurred ar	the date
and haur and from the causes stated above. (1) (1)	We) (did) (did nat) vie	w the bady after death.			
100 - 0 10 -	Attend	ling Med.	Stoff () Hot2	23 B. DATE SIGNED	
23C. PHYSICIANS	DEGREE Phys.	ing Med. Director D. ADDRESS	Staff Phys.	April 6, Av	
NAME (Type)	23		1) 0	0 00	m
24A- BURIAL CREMATION, 124B. DATE 124C. NAM	E of CEMETERY OF CREM	Umer april.	HODIFY	1200	
Burial 4/10/70 M		emetry O	altimore (City	MD, or county)	(Stote)
APR 8 1970 258 NAME OF 1	Ben K.a.	Adolphus H	alstead 12	206 W North	AVe
S 150-REV. 1/1/68			1		



RI		ORE CITY HEALTH DEPARTMENT IFICATE OF DEATH REG. NO. 70 3728
1.	NAME OF DECEASED Yype or Printl Ella C. Diedeman	2. DATE AND HOUR OF DEATH April 6, 1970
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission
Н	ULL NAME OF OSPITAL OR INSTITUTION, GIVE ST ADDRESS OR LOCATION 4901 Crowson Avenue	Maryland C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO
(E. STREET AND NUMBER 4901 Crowson Ave.
	SEX 6. RACE 7. MARRIED NEVER MAR WIDOWED ** DIVOR	CED 74 Months Doys Hours Min.
do.	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR II) and during most of working life, even if retired) Housewife Own Home	Maryland U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Samuel Bayne	Ella Kellum
5. Ye	. Was Deceosed Ever in U. S. Armed Forces? as, no or unknown! (If yes, give wor or dotes of service) SECURITY N	17. INFORMANT ADDRESS Road
	No 217-12-0	0230 Mrs. William A. Feustle 1414 E. Jopp
	77911	DF DEATH APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	injury or complication which caused death.)	O, OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES	Entering list for also dies a la come
	DISEASES OR CONDITIONS, if any, giving DUE TO	O, OR AS A CONSEQUENCE OF:
	INDERIVING CONDITION I	
ATION	11	
ERTIFICA	1994 DATE OF OPERATION 1988 CONDITION FOR WHICH OPERATION WAS PERFORMED	ON 20A. AUTORSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
AL C	OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined) 21B. PLACE OF INJU home, form, factory, etc.	JRY (e.g., in or obout 21 C. WHERE DID (If In Boltimare City, give exoci lacotion) street, affice bidg.,
DICA	21 D. TIME (Month) (Doyl (Year) (Hour) 21E INTURY OCCUR	
EDI	21D. TIME (Month) (Doyl (Yeor) (Hour) 21E INJURY OCCUR (APPROX.) While At Work	RRED 21F. HOW DID INJURY OCCUR? Not While At Work
MEDI	(APPROX.) While At Work	Not While At Work
MEDI	(APPROX.) 22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an	Not While At Work 19 by to File 19 20
MEDI	(APPROX.) While At Work 22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an and haur and from the causes stated above. (I) (We) (did) (did)	Not While At Work am
MEDI	(APPROX.) While At Work Work 22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an	Not While At Wark am
MEDI	(APPROX.) While At Work Work 22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an	Not While At Wark am
MEDI	While At Work 22. I certify that (I) (this haspital) ottended the deceased from that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) (We) (did) (d	Not While At Wark am
WEDI	While At Work 22. I certify that (I) (this haspital) ottended the deceased from that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) (We) (did) (d	Not While At Wark am
WED	While At Work 22. I certify that (I) (this haspital) ottended the deceased from that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) (We) (did) (d	Not While At Wark am

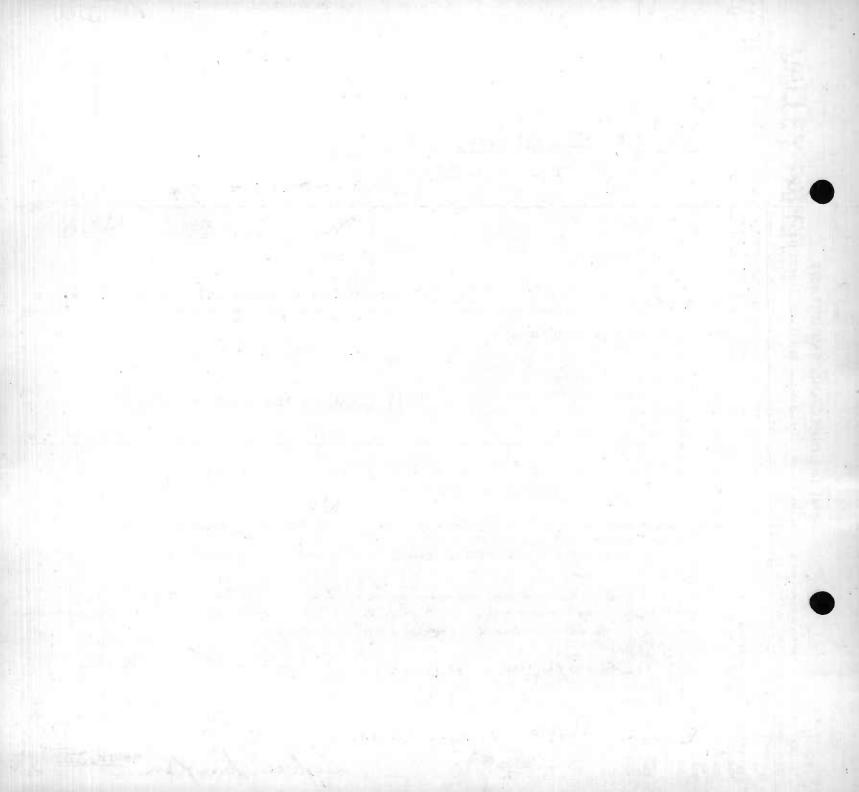


В	77 77 77 2720	TY HEALTH DEPARTMENT ATE OF DEATH X REG. NO. 70	3729					
(1	NAME OF DECEASED UPP OF Print JOHN B. MACKRY TR.	2. DATE AND HOUR OF DEATH ADRIL 5, 1970	445 M					
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE B. COUNTY C. CITY OR TOWN D. INSIDE CITY I	5300					
	Univ. OF MARY HOND HOSP.	E. STREET AND NUMBER (Nings Mils						
	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	7/7/45	Doys Hours Min.					
de	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRING during most of working life, even if refired)	BATTON L	ZEN OF WHAT COUNTRY?					
	JOHN MACKAY	Hotenow Maude M.	MacKay					
(4)	Wes Deceased Ever in U. S. Armed Ferces? ps.no of unknown) (If yes, give wor or doles of service) On Many (In the control of	ROSEWOOD STATE HOSD.	Owing 5 Milks					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury ar complication which caused death.)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 26 HARS					
	ANTECEDENT CAUSES (R)	PREYMONIA SA CONSEQUENCE OF: PRE MENTAL BETARDOTION	?50 HRS 24 YEARS					
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	labsorption	2 mos					
ERTIFIC	198- DATE OF OPERATION 198- CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOFSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?					
CAL	OR CONTRIBUTING CAUSE OF hame, form, factory, steet	in or obout 21C. WHERE DID (If In Boltimore City, give affice bidg., INJURY OCCUR?	e exact location)					
MEDI	21D.TIME (Manth) IDoy) IYeor (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not Wh Work At Work	21F. HOW DID INJURY OCCUR?	,					
	22. I certify that (I) (this hospital) attended the deceased from APRI 3 19 // to APRI 5 19 // that (I) (we) lost saw the deceased alive on APRI 5 19 70 and that in(my) (our) opinion death accurred on the date							
	and hour and from the causes stated above. (1) (We) (did) (did not) 23A, SIGNATURE Concell DEGREE Ph 23C, PHYSICIAN'S NAME ITypel	238. DAT	E SIGNED					
L		Cery. BATTO:	Md					
L	APR 8 1910 FAR	ES. Whice Mable 30% Fr	address Rd					



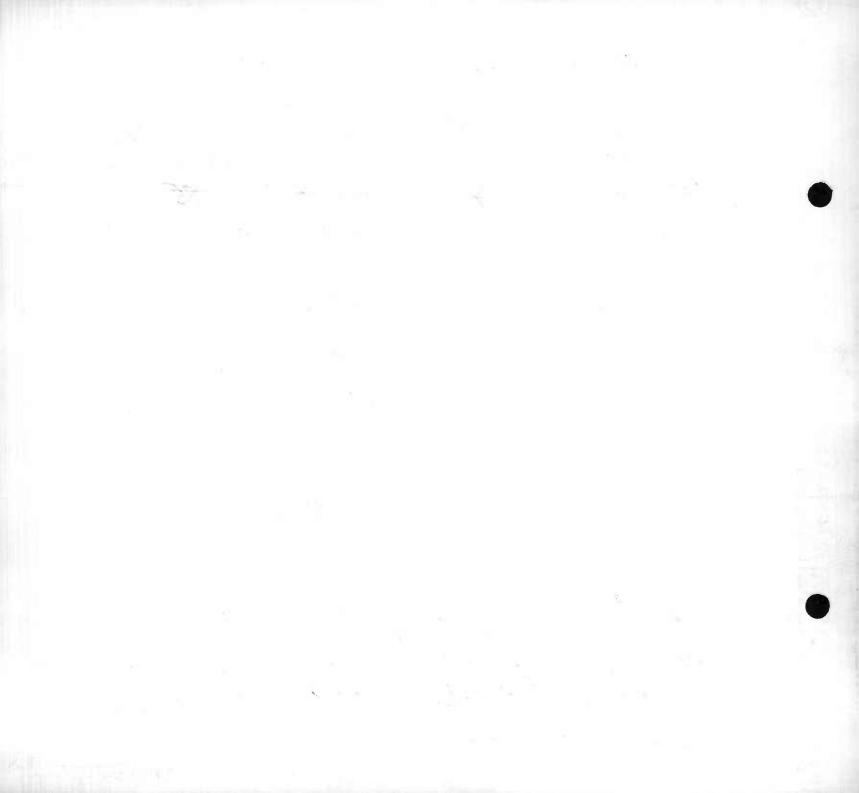
FUNERAL DIRECTOR: IMPORTANT

Y	2 . 0	- May 60			HEALTH DEPARTMENT	T	חלי	2720		
	2-60	0 70	3730	CERTIFICA	TE OF DEATH	REG.	No	3730		
	RTH NO.	FASED				AND HOUR OF	DEATH	1.0		
(Ту	pe or Print	a Barrash			April 6, 1970 9 0 m M					
		TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased li	ved. If institutions res	idenco before odmission)		
HO	ILL NAME OF OSPITAL OR STITUTION_	ADDRESS OR LOCA	ATION)	UTION, GIVE STREET	Maryland 21215 1740					
5	Good Sa	maritan Hos ch Raven Bo	spital	- 7	Baltimore VES NO NO					
		re, Marylan			3410 Banc					
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye	eors If Under	1 Yr. If Under 24 Hrs.		
F	'emale	White	WIDOWED	DIVORCED _	10-9-30 18	15	74			
		UPATION (Give kind of work working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZI	N OF WHAT COUNTRY?		
H	lousewi:	fe			14. MOTHER'S MAJDEN	and		15a		
13.		Merkel			Esther R.					
15. (Ye	Was Deceased	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT			ADDRESS		
	NO	, which is a second second	3 07 36171667	212326186В	Evelyn Barı	cash 341	0 Bancrof			
	DISEASE OR CONDITION DIRECTLY									
		LEADING TO DEATH		(A)IMMEDIATE CAU	SE Cardiac	and Res	e arrest	4-5 win		
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE Cardiac and Resp arrest 4-5 using DUE TO, OR AS A CONSEQUENCE OF:									
	DISEASES OR CONDITIONS, if ony, giving DUE TO, DR AS A CONSEQUENCE OF: DUE TO, DR AS A CONSEQUENCE OF:									
	DISEASES C	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:								
		e obove couse (A) G CONDITION lost.	sloting the	(c)						
-										
ATION	TO THE DEAT	FICANT CONDITIONS CO IH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	HE TERMINAL	Arterio	scleratic (2. V. D.3	ear	***************************************		
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				20 A. AUTOPSY? (Yes o	IN CERTIFY	, WERE FINDINGS	CONSIDERED EATH?		
CAL CE	OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF	21 B hom etc.	PLACE OF INJURY (e.g., in the form, foctory, street, of	or obout 21 C. WHERE DI	D (If in	Boltimore City, give	exoct locotion)		
EDIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR	?			
Z	(APPROX.)		Wh	ile At Not While						
	22 1	shoe 60 (ship bognisa)			2026	10 717 40	Aox'	6 1970		
	that (1) (we); lost saw the deceased olive on APXI (19 7 ond that in (My) (our) opinion death occurred on the date									
	ond hour ond from the couses stoted obove. (1) (We) (III) (did nat) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED									
K	1	0.		Atte	nding Med.	Staff []	An	1/1972		
	22.C BHYCICIA	Dewerdy	flau.	M.D OEGREE Phy	Director L	Phys.	I UB.	1161119		
	NAME (T	ype))		ADDRESS	1	0	11 010		
	Hro	ant Jemer		M.D OEGREE	Johns H	op Fins	Hosp-Bo	110 21601		
24	A. BURIAL CRE	MATION, 248. DATE	24C. N.	AME of CEMETERY of CRE	MATORY 24	D. COCATION	(City, town, or	county) (Singe)		
	Burio	7 41611	o W	rogan Who	low	Dalla		my		
25	A. DATE REC'D	BY HEALTH DEPT.	258 NAME C	DE REGISTRAR	25C. FUNERAL PIREC	CTOR D	15 9610	Resterstant		
NP.	R 8 19	A Tribate or A	The state of		Legwes	- hers	gon -	Pox		
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IMPORTAN

DIRECTOR:



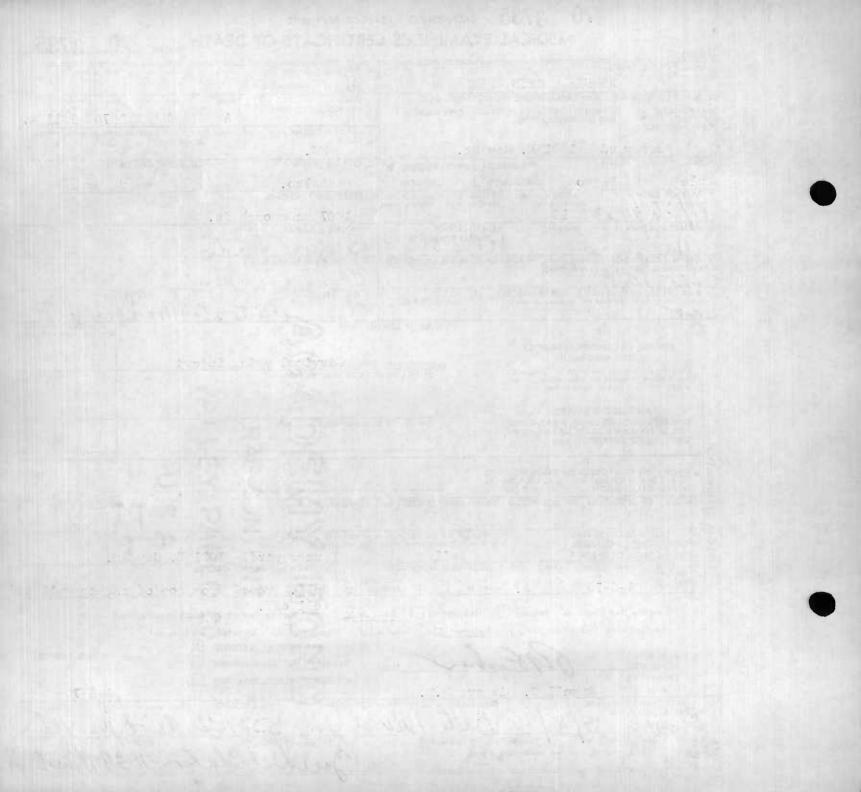
K = 2 THE THE PERSON OF A PERSON OF THE PERSON OF Make and the search term of the country that Maria Control of the control of the

B-266 70 373	')	HEALTH DEPARTMENT	X REG. NO	70	3733	
1. NAME OF DECEASED (Type or Print) BAKER. GOLD) IE F		ND HOUR OF DEATH		1 500	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE		4. USUAL RESIDENCE (WI	IL 6,1970 here deceased lived. If in	stitution: residen	1:50P M	
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	HOWARD	IDE CITY LIMITS	00	
			ITY D. 1143	YES	ио 🕅	
40 St. Agnes Hospit	a1	E. STREET AND NUMBER 4810 KNOLL	GLEN DRIV			
FEMALE WHITE WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 12/05/94	9. AGE (In years tast birthday)	It Under 1 Ye Months Doys	It Under 24 Hrs. Hours Min.	
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if refired) RET RED WA TRESS	D OF BUSINESS OR INDUSTRY	V RG NA	reign country!	U.S.	A .	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME			
WILLIAM WHITLOW		MARGARET (N	EE HARDING)WHITLO	W	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! Ill yes, giva wor or dates of serv	16. SOCIAL SECURITY NO. 216-07-3205	17. INFORMANT Mrs. ST. AGNES H	Shirley Ross	4810 K	nollGlen D	
18. 24 / 0	CAUSE OF DEATH			1	ROXIMATE INTERVAL	
DISEASE OR CONDITION DIRECTLY		MYOCHRBIA	L INFARCT	ON BETWE	EN ONSET AND DEATH	
LEADING TO DEATH	VCIEVA"	SHED				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, asthenia, etc., It means the disease, injury or complication which coursed death) DUE TO, OR AS A CONSEQUENCE OF: ARTERIO WICHEROTIC ARTERIO WICHEROTIC ARTERIO WICHEROTIC						
injury or camplication which caused death.) ANTECEDENT CAUSES	CARA.	EVASCULAR O		1	137 E374	
DISEASES OR CONDITIONS, if any, gi	(8)		1154161	6	LISHED.	
rise to the above cause (A) stating UNDERLYING CONDITION lost.	the (C)	A CONSEQUENCE OF:				
O THER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE TERMINATIO	NG NAL				***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 [A]. 1994-DATE OF OPERATION 1988. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOFSY? (Yes or N	o) 208. IF YES, WERE P	INDINGS CONS	SIDERED 17	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, alf etc.)	or about 21 C. WHERE DID	(if In Boltimore	City, give exoci	l locotion)	
OF INJURY (Month) (Doyl (Yeorl (Hour)	21 E INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?			
(APPROX.)	While AI Nal While At Wark					
22. I certify that (I) (this hospitel) attend	ed the deceased from M	ARCH 29	19 70 to APR	HL 6	10 70	
that (we) lost saw the deceased office	on APRIL 6	19ond ti	not In(my) (our) apin	lan death occ	urred on the date	
and hour and from the causes stated abay	e. (1) (We) (did) (did not) vi				oned on the date	
23A. SIGNATURE	. 45 \			23B. DATE SIGN	KED	
Jampayan	DEGREE Phys.	ding Med.	Shaff Phys.	04/06/7	0	
NAME (Type) / WILIO FREI	, 12:	ST. AGNES HO		21229		
AA. BURIAL CREMATION, 24B. DATE 246 REMOVAL (Specify)	C. NAME OF CEMETERY OF CREA			, town, ar count		
D 1-1 1 0 10ma -	Meadowridge Cemet	erv				
	AS OF REGISTRAR	25C. FUNERAL DIRECTOR	1 1 4	or Will	DRESS	
S 150-REV. 1/1/68		THE PERSON	1 d. M. 71	" " ul	enound.	

THE REPORT OF THE SERVICE SERVICES AND AND ADDRESS OF THE SERVICES AND ADDRESS OF THE



01 3735 BALTIMORE CITY HE	ALTH DEPARTMENT
	CERTIFICATE OF DEATH REG. NO. 70 3735
BIRTH NC.	KEG. NO.
t. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Year Hour
BERNIE MARTIN	OF DEATH Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 4 6 1970 9:11 A.M.
Rear yard - 1021 N. Gay St.	S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Balto. VESTR NOT
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs.	Balto. YES X NO
11/26 1953 lost birthday) Months Days Haurs Min.	1007 McDonoligh St.
11. BURTHPLACE Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A.USI/AL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OF INDUSTRY	15 MOTHER'S MAIDEN NAME
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired)	Elouise Jones
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give wor ar doles af service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
119. CAUSE OF DEAT	THE COMMON TO STATE INTERVAL
CAUSE OF DEAL	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE C	AUSE Cervical spine injury
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:
Injury ar complication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A	AS A CONSEQUENCE OF:
I I UNDERLYING CONDITION TAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY2 (Yes or No.)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
	yes
	yes In or obout 22C, WHERE DID (If in Boltimore City, give exoct location)
222A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH. 228. PLACE OF INJURY (e.g., lame, farm, factory, street, affice wall	yes In or obout 22C, WHERE DID (If in Boltimore City, give exoct location)
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, affice was 1 22D. TIME (Month) (Day) (Yeor) (Hour) 122E.INJURY OCCURRED	or obout 22C. WHERE DID (If In Boltimore City, give exact location) 808
22A. EXTERNAL CAUSE WAS UNDERLYING TO A CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 4-6-70 A m. WORK AT WORK	yes In or obout 22C. WHERE DID (If in Boltimore City, give exect location) You
228. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIBUTING CAUSE OF DEATH. 220. TIME (Manth) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 4-6-70 23.	yes in or obout 22C. WHERE DID (if in Boltimore City, give exoct location) bldg., etc.) INJURY OCCUR? rear yard - 1021 N. Gay St. 22F. HOW DID INJURY OCCUR?
228. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIBUTING CAUSE OF DEATH. 220. TIME (Manth) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 4-6-70 23.	yes In or obout 22C, WHERE DID (if in Bolitmore City, give exoct location) You
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Yeor) (Hour) (APPROX.) 4-6-70 A. m. WORK NOT AT WORK I certify that I held an Inquiry Inspection Aut	yes In or obout 22C, WHERE DID (If in Boltimore City, give exect location) You
228. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 4-6-70 A. m. WORK NOT NOT YEOR OF INJURY OCCURRED OF INJURY OCCURRED OF INJURY (APPROX.) 4-6-70 A. m. WORK STATE OF INJURY OCCURRED OF INJURY (APPROX.) 4-6-70 A. m. WORK STATE OF INJURY OCCURRED OF INJURY OCCU	yes In or obout 22C, WHERE DID (If in Boltimore City, give exect location)
228. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 4-6-70 A. m. WORK NOT NOT YEOR OF INJURY TO COURTED OF INJURY (APPROX.) A CEIdent Subjection Autorised from: Natural courses Accident Subjection Autorised Actual SIGNATURE M.D.	yes In or obout 22C. WHERE DID (If in Boltimore City, give exect location) bldg., etc.) INJURY OCCUR? rear yard - 1021 N. Gay St. 22F. HOW DID INJURY OCCUR? WHITE Subj. jumped from top of car to wall and fell off. and that an this basis, death in my apinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Yeor) (Hour) 22E. INJURY OCCURRED WAI 1 23. certify that I held an Inquiry Inspection Autresulted from: Natural couses Accident Suicides ACTUAL SIGNATURE EXAMINER'S	yes In or obout 22C, WHERE DID (If in Boltimore City, give exect location) bldg., etc.) INJURY OCCUR? rear yard - 1021 N. Gay St. 22F. HOW DID INJURY OCCUR? WHITE X Subj. jumped from top of car to wall and copsy X and that an this basis, death in my apinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 4-6-70 A. m. WORK AT WORK ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSE11 S. Fisher, M.D. 24A. BURIAL CREMATION. 1248. DATE 22B. PLACE OF INJURY (e.g., thome, farm, factory, street, affice was 11 Wall 122E. INJURY OCCURRED WHILE AT WORK ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSE11 S. Fisher, M.D. 24A. BURIAL CREMATION. 1248. DATE 24C. NAME of CEMETERY (Company)	yes In or obout 22C. WHERE DID (If in Boltimore City, give exect location) bldg., etc.) INJURY OCCUR? rear yard - 1021 N. Gay St. 22F. HOW DID INJURY OCCUR? WHITE Subj. jumped from top of car to wall and fell off. and that an this basis, death in my apinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 4-6-70
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Yeor) (Hour) 22E. INJURY OCCURRED WAI 1 23. certify that I held an Inquiry Inspection Autresulted from: Natural couses Accident Suicides ACTUAL SIGNATURE EXAMINER'S	yes In or obout 22C. WHERE DID (If in Boltimore City, give exect location) bldg., etc.) INJURY OCCUR? rear yard - 1021 N. Gay St. 22F. HOW DID INJURY OCCUR? WHITE Subj. jumped from top of car to wall and copsy
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 4-6-70 A. m. WORK AT WORK ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSE11 S. Fisher, M.D. 24A. BURIAL CREMATION. 1248. DATE 22B. PLACE OF INJURY (e.g., thome, farm, factory, street, affice was 11 Wall 122E. INJURY OCCURRED WHILE AT WORK ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSE11 S. Fisher, M.D. 24A. BURIAL CREMATION. 1248. DATE 24C. NAME of CEMETERY (Company)	yes In or obout 22C. WHERE DID (If in Boltimore City, give exect location) bldg., etc.) INJURY OCCUR? rear yard - 1021 N. Gay St. 22F. HOW DID INJURY OCCUR? WHITE Subj. jumped from top of car to wall and fell off. and that an this basis, death in my apinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 4-6-70
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manih) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 4-6-70 A. m. WAIL 23. I certify that I held an Inquiry Inspection Aut resulted from: Natural couses Accident Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSE 11 S. Fisher M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of RUSSE SUICID CONTRIBLE.	yes In or obout 22C. WHERE DID (If in Boltimore City, give exect location) bldg., etc.) INJURY OCCUR? rear yard - 1021 N. Gay St. 22F. HOW DID INJURY OCCUR? WHITE Subj. jumped from top of car to wall and capsy

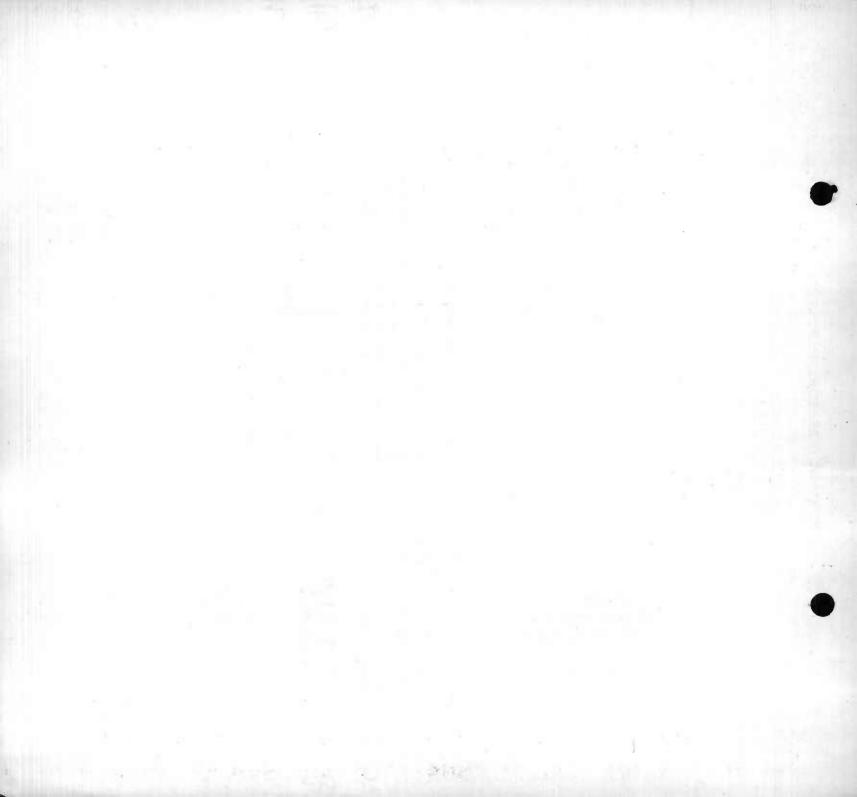




7			BALTIMORE CITY	HEALTH DEPARTMENT	V	P10
D-53(70	3737	CERTIFICA	TE OF DEATH	REG. NO	70 3737
I. NAME OF DEC	EASED			2. DATE A	ND HOUR OF DEATH	
(Type ar Print)	DMITH 1	11.5 < 5	NDA	11	1-70	
3. PLACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESIDENCE (Who	ere deceased lived. If in	stilution: residence before admission)
				A. STATE B. COUL	CATTOIL	5611
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTIT ATION)	UTION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?
INSTITUTION	11			MATTIOHSVIlle		YES NO Z
11641	HERAN HO:	SPITAL	OF MD.	E. STREET AND NUMBER		11.5
76				MARRIOTTSV	ine Ro	
5. SEX	6. RACE	7. 44 A DDIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
-	14/		= =		last birthday)	Manths Doys Haurs Min.
PA HEHAL OCC	LIBATION/Give hind of work	WIDOWED		1-24-03	67	12. CITIZEN OF WHAT COUNTRY
	working life, even if retired)			III. BIRTHPEACE (Store or ton	eign country)	4
Houser	vite	Ho	me	VA.		U.S. A.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
JAM	es Rahoot	5		Linda	Seymour	
15. Was Deceased	Ever in U. S. Armed Far	ces?	1 6. SOCIAL	17. INFORMANT	TINOOK	ADDRESS
Yes, na ar unknown	(If yes, give wor ar date	s of service)	SECURITY NO.	m. P C	11 M.	417
NO			216-32-248	11/2. Bigie >	mite III	Arriotsville, Md.
18./ 5	2.41		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY		1	()	GA. 1
(7)	LEADING TO DEATH		(A) IMMEDIATE CAL		adranon	eas weeks.
	nat meon the made af asthenia, etc. It means			A CONSEQUENCE OF:	()	
	nplication which coused			Will team	cooperacs.	
	ANTECEDENT CAUSES		(p)			
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	e obave cause (A) G CONDITION (asi,	sloling the				
O NO CHETHY			(C)			
Z OTHER SIGNII	II FICANT CONDITIONS CO	MIDIDITING				
TO THE DEA	TH BUT NOT RELATED TO T	HE TERMINAL				
U 19A. DATE OF	ONDITION GIVEN IN PAR OPERATION 198, CON		WHICH OPERATION	20 A. AUTOPSY? (Yes ar N	a) 208, IF YES. WERE F	INDINGS CONSIDERED
ER O	WAS PER	FORMED		No	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDE	NT WAS UNDERLYING	7 218	PLACE OF INJURY (e.g., i	ar obout 21C. WHERE DID	(If In Boltimore	City, give exact lacotion)
OR CONTRIBI	UTING CAUSE OF	han	ne, farm, factory, street, a	fice bldg., INJURY OCCUR?	ha in sommon	and and a section of the section of
U	medical examiner)					
OF INJURY	(Manth) (Day) (Year)		. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		Wh	rk Nat While			
22. L certify	that (1) (this haspital	1) attended t	he deceased from 2.	. 2,5.	1920 to 11.	19.7.()
			I all all all all all all all all all al	19 7 () and t		
	last saw the decease					nian death accurred an the date
		ed abave. (1) (We) (did) (did not) v	iew the bady after death.		
23A SIGNATI	JRE N		7 No la			23B, DATE SIGNED
	In		DEGREE Phy	nding Med. Director	Staff Phys.	4.1.
23C. PHYSICIA	IN'S	1		23D. ADDRESS	. 11	2 = 1 . 1 1 . 2 -
NAME (1	MR. 1. 15H	BURF	an at	LUTITER	LAN HO	OSKITHU, NOLLIG
24A. BURIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CRI	MATORY 124D.	LOCATION (Ci	ty, tawn, ar caunty) (State)
BEMOVAL		X	0,404	1	1. 1. 1	Md
Burial	4-4-7	0 6	vergrun (u	release V	enksburg	7110
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF RESISTRAR	25C FUNERAL DIRECTO	R 11 615	ADDRESS
PR 9 19	Walled E. V	Actes 12		Harry Has	Mit sylus	wille Ma.
VS 150-REV. 1/1/	6B			1 3		-

I - THEN MAY FRED PATEUR - WELL Mercette vinc no. 1-14-53 67 246-32-34B

150-REV. 1/1/68



25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

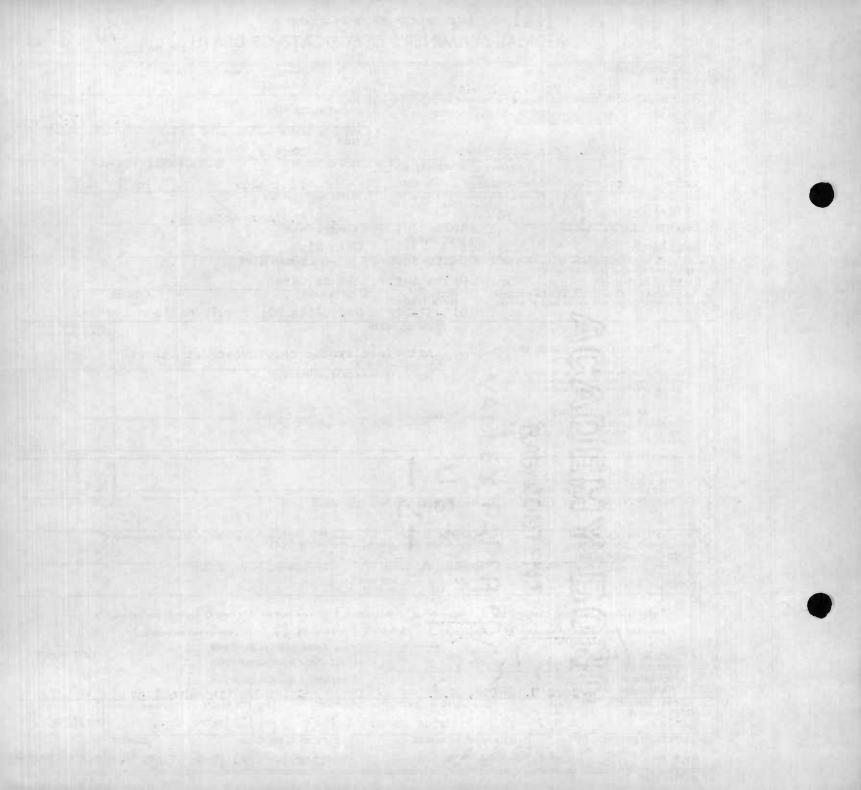
25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

Nutter Funeral Home

ADDRESS

3035 W. North Avenue



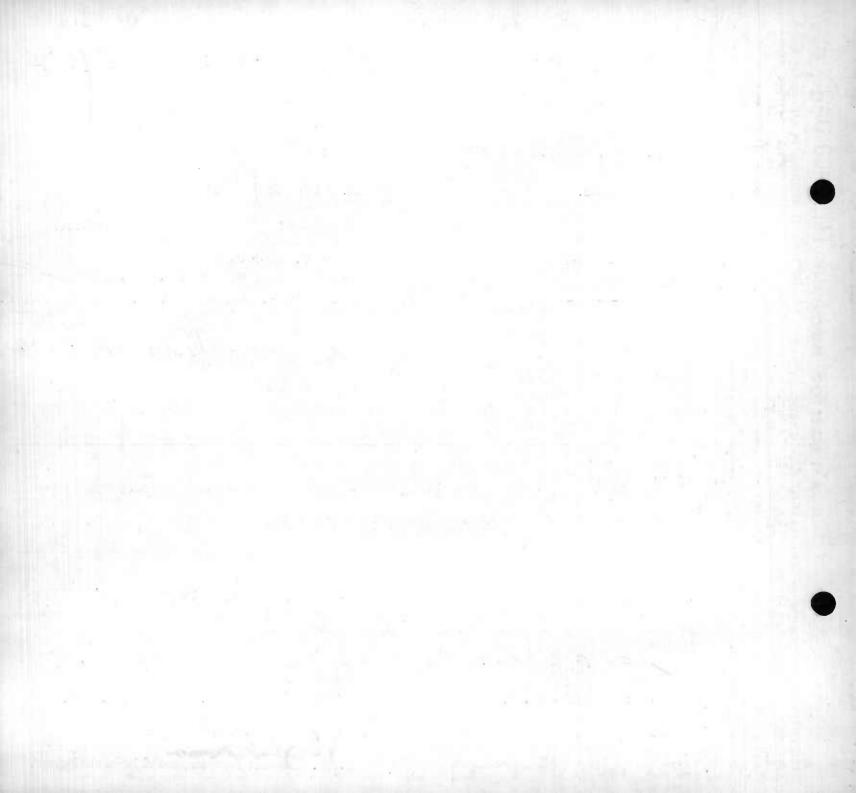
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VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/68

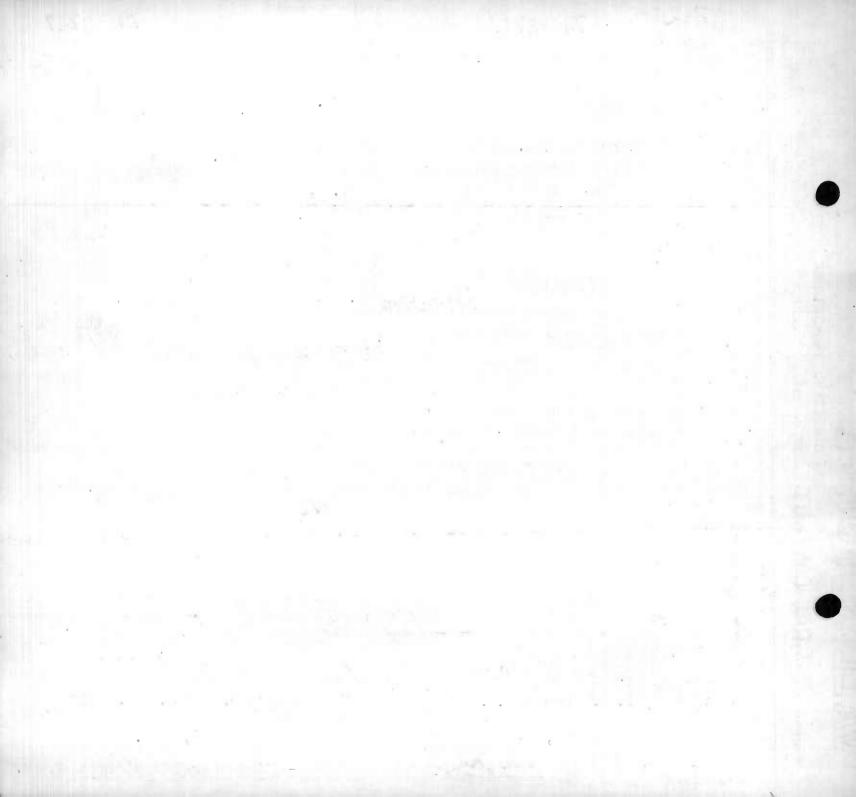


THE BODY OF MARY LAMAR HAS BEEN RELEASED AS NON MED BY DR FISHER OF	THE MEDICAL EXAMINER'S OFFICE	FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

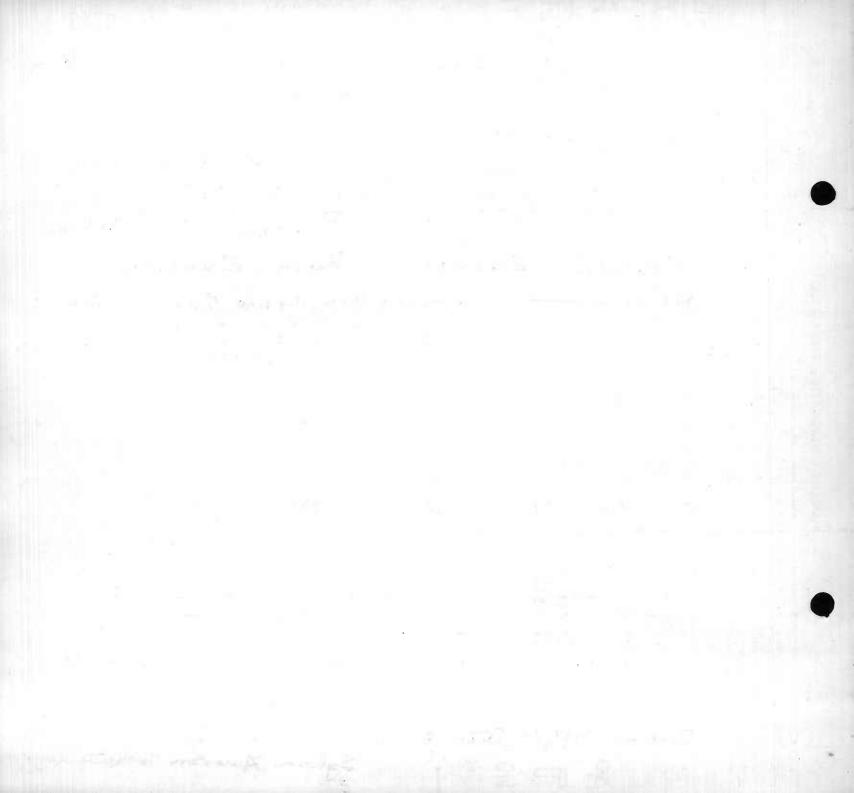
1 -10	70 37	16	BALTIMORE CIT	Y HEALTH DEPARTM	ENT	P10 - 111 - 10
L-560	10 31	40	CERTIFICA	TE OF DEA	TH REG. NO	70 3746
BIRTH NO.						
1. NAME OF DECE (Type or Print)	Mary	Lan	nav	2, E	16:30 AM	416120 "
3. PLACE IN BALT	IMORE MARYLAND, WI	HERE PRONOUNC	ED DEAD		CE (Where deceased lived, If	institution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPITA	L OR INSTITUTIO	N. GIVE STREET	MARYLAN		TIMORE 5301
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)	.,	C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
2 THE	rindre, habk	INS HOS	PITAL	BALTIMO	RE ESSEX	YES NO
DAL.	IIMORE, MD	21203		3180BER	MBER LE AVE	
- SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. , If Under 24 Hrs. Months! Doys Hours Min.
FEMALE	WHITE	WIDOWED	DIVORCED	09-07-13		1000000
DA. USUAL OCCU	PATION (Give kind of work	108. KIND OF BU	SINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY
	rorking life, even if retired)			44 5		USA
3. FATHER'S NAM				14. MOTHER'S MAIL	TEN NAME	0.0.74.
OF PATRICK S NAM				WOINER S MAIL	SELA MANIE	
40013	SACLOT	TTO				
5. Was Deceased	Ever in U. S. Armed Ford	es? 16.	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1) 111	yes, give wer or doles		16-07-473	RICHA	20 1:0-10	23-115
18. 5 B B	10 10 5 10 A 4	2	CAUSE OF DEA		ND MMAIC	PPROXIMATE INTERVAL
375	None / S	13,8	CAUSE OF DEA			BETWEEN ONSET AND DEATH
	E OR' CONDITION DIR LEADING TO DEATH	ECTLY			0 -	1 1 1
	al mean the mode at	dvina e.a.	(A) IMMEDIATE CA	A CONSEQUENCE OF:	Ma C Cerre	251 1 M
heart failure,	asthenia, etc. 11 means	the disease,	DUE 10, OK AS	A CONSEQUENCE OF:		
injury ar cam	olication which caused	death.)	^.	1	· 4 ./ °	1
A	NTECEDENT CAUSES		(B) Rher	matic	teast Disea	556 > 10 ALC
DISEASES O	R CONDITIONS, if	any, giving	DUE TO, OR A	S A CONSEQUENCE OF		
	abave cause (A)	stating the	Possil	she colo	mar Ca	?
UNDERLTING	CONDITION last.		(C)			•
Z						
	CANTICONDITIONS CON					
■ DISEASE OR CO	ONDITION GIVEN IN PART	Γ I (A).	CII	1204	A A NAT OOD IF HE INC.	FINDINGS CONCIDENTS
19A. DATE OF	OPERATION 198. CONI	ORMED	CH OPERATION	AUTOPSY? (Y	es or No. 208. IF YES, WERE IN CERTIFYING C.	AUSES OF DEATH?
<u>~</u>	T WAS HINDERLYING	210 81 4	CE OF INITIAL	in or about 210 WHEN	DID /// In Polaton	are City also exact legation
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	home, f	orm, foctory, street,	in or about 21C. WHERE office bldg., INJURY OC	CUR?	ore City, give exact location)
DEATH (notify	medical examiner)	etc.)				
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E. IN.	JURY OCCURRED		DID INJURY OCCUR?	
(APPROX.)		While A	Not Wh	le 🗍		
		Work			. \2	
22. I certify	that (1) (this haspital)) attended the o	leceased fram	April 6		pred 6 1920
that (l) (we)	last saw the decease	d alive an	pm 6	1910	and that in (my) (aur) ap	oinian death accurred an the dat
	fram the causes state		4			
23A. SIGNATU				,		23B. DATE SIGNED
1	00 mas F	19/0.0		ending Med.	Staff X	41612
230 01121	De very	J. Velle	DEGREE Ph		Phys.	110170
PHYSICIAL NAME IT		A M	111 1014	23D. ADDRESS	1) ()	1 - 1 1
4	Jeth K	ey D. N.	er (My DEGRE	Johns	HOPKIMS 1	He speral
MAA BURIAL OREN	AHON, 248. DATE	24C. NAMI	of CEMETERY of C	REMATORY	24D. LOCATION	City, town, or countyl (State)
REMOVAL (S	01 4-/9/74	con	V 1 3.	40	BALTE.	4
1) UKI	7	- //	K Loque	25C. FUNERAL D	IRECTOR.	ADDRESS
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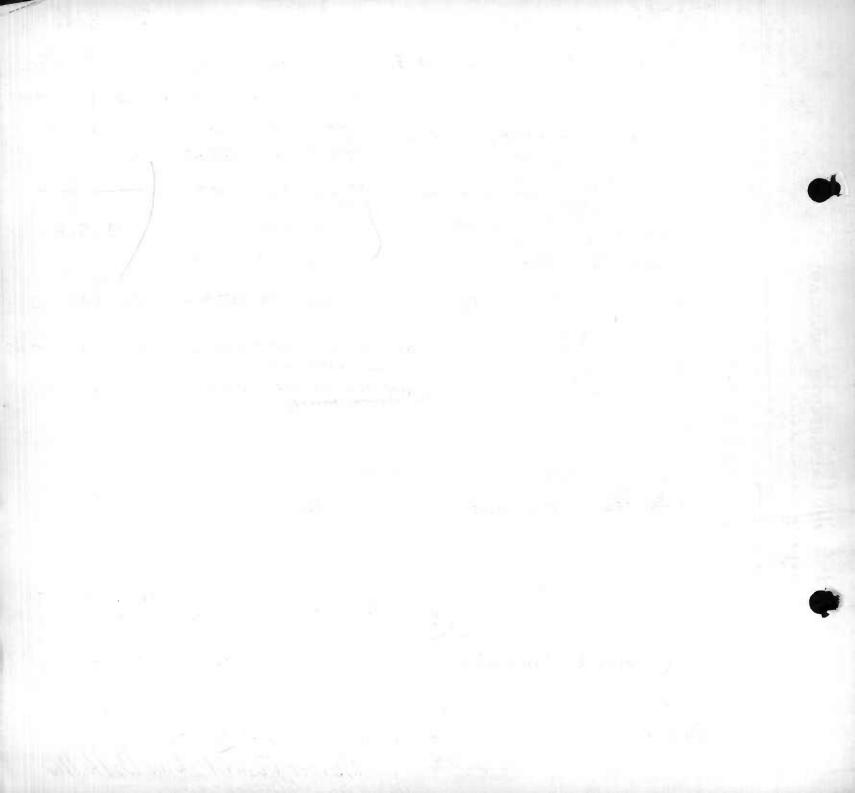
E CASE NO.	CEASED				2. DATE A	ND HOUR OF DEAT	Н
rpe or Print)	Theodore	Za	chidny			4/5-	1701 335
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND					institution: residence before admi
				A. STATE	B. COU	NTY	2/11
HOSPITAL OR	OF (If not in hospital oddress or location	or institution, n)	give street	C. CITY OR		utside city limits, write	e RURAL ond give township)
INSTITUTION							o no no give la magnay
/Inion	Memorial Hos	nt.		D. STREET A	Balti ADDRESS (1	I rural, give location)	
/ 0111011	TIOMOT LOT	Po•		3748	Bonvier	w Ave.	
SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF	BIRTH	9, AGE (In years	If Under 1 Yr., If Under 24
Male	Wfite	Widow	O, DIVORCED (specify)	Nov .25	5, 1887	last birthdoy)	Months Doys Hours N
		10B KIND OF	BUSINESS OR INDUSTRY			reign country)	12. CITIZEN OF
	working life, even if retired)	20-1					WHAT COUNTRY?
Machini FATHERS NA		Ret	ired		S MAIDEN NA	AAE	USA
THE STAR				. TO INITIAL	VINAIDEN N	7446	
	nknown				Unknow	n	
s, no or unkno w	d Ever in U. S. Armed Far n) (If yes, give wor or date	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMA			ADDRESS
NO			7-17-02-8991	Mr. Zer	ny Zachi	dny Hapste	ad, Md. (Son)
18.	2 12		CAUSE O	F DEATH			INTERVAL BETWEEN
DISEA	SE OF CONDITION DI	RECTLY		1	1 1	1	ONSET AND DEATH
heart failure, injury ar cor DISEASES rise la th	not meon the mode of osthenia, etc. It means mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove cause (A)	the disease, death.)	(B) DUE TO	Ē	Ures	moi-	
heart failure, injury or con DISEASES rise to the UNDERLYIN	osthenia, etc. II means mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove cause (A) G CONDITION lost.	ony, giving sloling the	(B)	<u>e</u>	Urei	nio-	
heart failure, injury ar con DISEASES rise la th UNDERLYIN	osthenia, etc. II means mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove cause (A) G CONDITION lost.	ony, giving sloling the	(B) DUE TO (C)	20A. AUT	Ures OPSY? (Yes or N	No) 20B. IF YES, WER	E FINDINGS CONSIDERED :AUSES OF DEATH?
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BALTIMORE CITY HEALTH DEPARTMENT



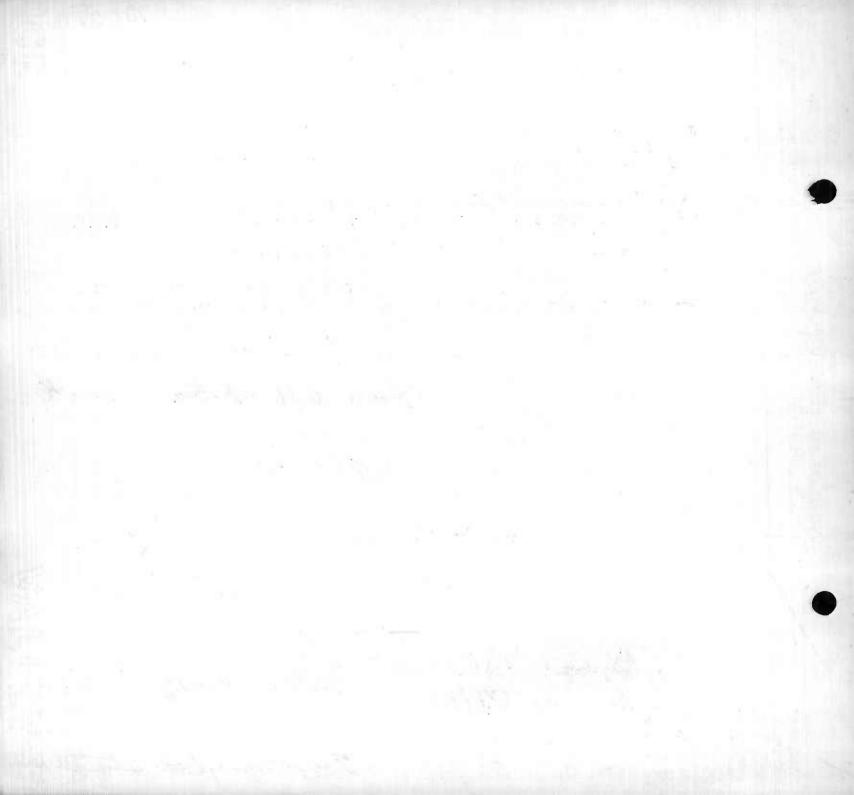
-	RTH NO. 70 3749 CERTIFIC	ATE OF DEATH Registered No. 70 3749
1.	.E. CASE NO. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	PLACE OF DEATH IN BALTIMORE MANYLAND	R APRIL 5, 1970 9.20 A
3.	PLACE OF DEATH IN BALIIMOKE, MAKELAND	A. STATE B. COUNTY
	FULL NAME OF (If not in haspital ar institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If autside city limits, write RURAL and give township)
Î	INSTITUTION	BALTIMORE 21209
1	MARYLAND GENERAL HOSPITAL	D. STREET ADDRESS (If rural, give location)
		2211 W. ROGERS AVE 2/5
5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Manths; Days Hours; Mir
+1	NEVER MARRIED A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	12, CITIZEN OF
	one during most of working life, even il retired)	WHAT COUNTRY?
1	NONE NONE	MARYLAND U.S.A.
1		
17	JOHN SKINNER Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	LUCY DISNEY 17. INFORMANT ADDRESS
(Y	es, no ar unknown) (If yes, give war ar dates of service) SECURITY NO.	
_	NQ 219-30-967	
	S 0 0 0	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	TASTATIC RETICULUM CELL MONT
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	TASTATIC RETICULUM CELL MONT LY MPHOMA
	000	EFFUSION LEFT PLEURAL WEEK
	DISEASES OR CONDITIONS, if any, giving is a like above cause (A) stating the (C)	
	UNDERLYING CONDITION last.	
;	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
INCITA CITITATO	TO THE DEATH BUT NOT RELATED TO THE	
4 -11-	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
100	13-31-70 DIAGNOSIS	No
	OR CONTRIBUTING CAUSE OF home, larm, factory, street,	g., in ar about 21C. WHERE DID (ff in Baltimore City, give exact location), office bldg., INJURY OCCUR?
-		
44	21D. TIME IMonth) (Day) (Year) (Hour) 21E, INJURY OCCURRED While At 1 Not	21F. HOW DID INJURY OCCUR?
	Wark At We	ork —
	22. I certify that (I) (this hospital) attended the deceased from	
		5, 19 7.0 and that in (my) oplain death occurred on the
) view the body ofter deoth.
	ond hour and from the couses stated above. (I) (We) (Gid) (did not	
	23A. SIGNATURE	23B, DATE SIGNED
	Charles 8. Harrison M.D.	23B. DATE SIGNED
	23A. SIGNATURE	Allending Med. Stoff Allending Phys. Stoff Allending Director Phys. Stoff Allending Med. Phys. Phys. Stoff Allending Med. Phys. P
2.	23A. SIGNATURE Charles 8. Horreson M.D. (23C. PHYSICIAN'S NAME (Type) M. M. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF	Allending Med. Stoff Phys. 23B. DATE SIGNED 4-5-70 23D. ADDRESS D.
2.	23A. SIGNATURE Charles 8. Horrison M.D. 23C. PHYSICIAN'S NAME (Type) M.	Allending Med. Director Phys. 23B. DATE SIGNED 4-5-70 23D. ADDRESS D. CREMATORY 24D. LOCATION (City, town, or county) (Sto
	23A. SIGNATURE Charles 8. Harrison M.D. 1 23C. PHYSICIAN'S NAME (Type) M. 4A. BURIAL CREMATION, 24B. DATE BEMOVAL (Specify) 4-7-70 OAK LZWN	Allending Med. Stoff Phys. 23D. ADDRESS D. D. Med. Director Phys. 23D. ADDRESS
	23A. SIGNATURE Charles 8. Horrison M.D. (23C. PHYSICIAN'S NAME (Type) MA. BURIAL CREMATION, 24B. DATE BUYIZ 4-7-70 CAK LZWN	Allending Med. Stoff Phys. 23B, DATE SIGNED Allending Med. Director Phys. 25D, D. 23D. ADDRESS D. CREMATORY 24D, LOCATION (City, town, or county) (S City City Comp



V\$ 150-REV. 1/1/68

was accept your e 4703 ALDRATE GLIEN 52 Marrier - 1 1970 MARYLAND USE RICHARD COMMEY Philipperson tell Reduction Tayle Symmes I sim a second of the second 7 - 7 - 7 STATES WILLIAM TONING PO.S. See succeeded Milly Manual of the Commercial Total

00 .	10		BALTIMORE CITY	HEALTH DEPARTMENT		70 - Maria
BIRTH NO.	70	3751	CERTIFICA	TE OF DEATH	REG. NO	70 3751
	DECEASED			2. DATE	AND HOUR OF DEATH	1
(Type or Prin	Louis Mich	ael Murphy		Δτοτ	ril 6 1070	2.1.8 DM
3. PLACE II	BALTIMORE, MARYLA	ND, WHERE PRONO	JNCED DEAD	4. USUAL RESIDENCE WASTATE B. COL	here deceased lived. If	institution: residence before admission)
FULL NAM	E OF (IF NOT IN I	HOSPITAL OR INSTITU	JTION, GIVE STREET	Md.		SIDE CITY LIMITS?
INSTITUTIO				Baltimore	D. 114	YES NO
/	ins Memorial	Hospital		E. STREET AND NUMBER		TES EL INO
1000	Caton Ave.			208 S. Loudon	A 4320	
Balt	imore, Maryl			B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
5. SEX Mal		WIDOWED	20	7/29/81	lost birthdoy)	Months Doys Hours Min.
IOA, USUAL	OCCUPATION (Give kind	of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or fo		12. CITIZEN OF WHAT COUNTRY
	aho nywylito Debi	t". City of	Baltimore,	Baltimore, Md		U.S.A.
13. FATHER				14. MOTHER'S MAIDEN N		
	Mose Murphy			Bridget O"I	keilley	
5. Wos Dec	cosed Ever in U. S. Am	ned Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or un	known) (If yes, give wor	or dotes of service)	SECURITY NO.	Jenkins Memo	orial Hospit	al 1000 Caton Ave.
-106	Ne U	nknown	217-20-9149 CAUSE OF DEAT	Be	altimore, Md	. 21229
UNDER UNDER TO THE DISEASE 19A. DA	ANTECEDENT C. SES OR CONDITIONS on the obave cause RLYING CONDITION IN SIGNIFICANT CONDITION DEATH BUT NOT RELATE OR CONDITION GIVEN TE OF OPERATION 199 W. CCIDENT WAS UNDERLY NTRIBUTING CAUSE C	S, if ony, giving (A) sloling the asl. NS CONTRIBUTING ED TO THE TERMINAL IN PART 1 (A). B. CONDITION FOR VAS PERFORMED 21B. CONDITION FOR VAS PERFORMED	PLACE OF INJURY (e.g., i	A CONSEQUENCE OF: AS C CO 20A. AUTOPSY? (Yes or nor obout 21C. WHERE DID fice bidg., INJURY OCCUR?	No. 208. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
DEATH	(notify medical examiner	etc.				
OF INJ	JRY		INJURY OCCURRED ile At Not While At Work	21F. HOW DID II	NJURY OCCUR?	
22 1	andfor when /IV /while I			elic	19 66 to	4/6 1970
that (1)	ertify that (I) (this ha (we) last saw the de ur and fram the cause NATURE	eceased alive an	41	© 19 70 and iew the bady after death	that in (my) (aur) ap	pinian death accurred an the da
23C. PH	Raymor SICIAN'S ME (Type) J. PaxMI CREMATION 24B. D	and Star	due DEGREE Phy	JOH KIUS	Shoff Phys MCHLOSY'S BOR LOCATION	glospical City, town, or county) Spote)
Bu	VAL (Specify)	-10-70	4 mayo Ce	mitery	Gallen	m)sef.
25A. DATE	REC'D BY HEALTH DEPT	7. 25B. NAME C	OF REGISTRAN	25C. FUNERAL DIRECT	OR /	ADDRESS
40	O TOTAL O	1030	14.0	I vey-co	my Lo	t. Colorwell VIII



VS 150-REV. 1/1/68

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(Stote)

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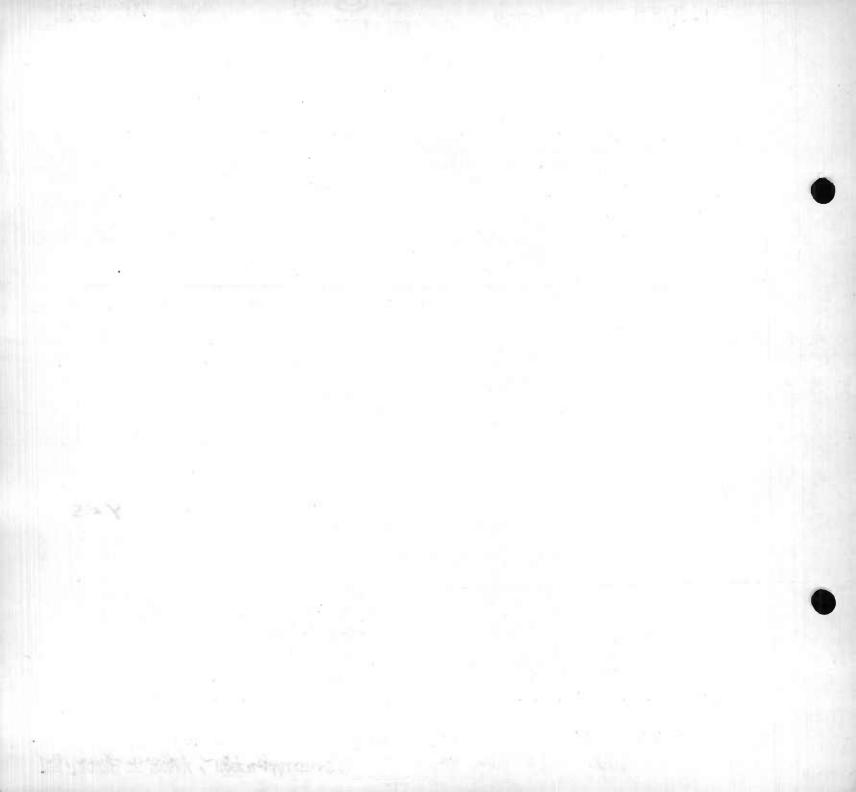
If Under 24 Hrs.

NO

Hours

BETWEEN ONSET AND DEATH

4-3

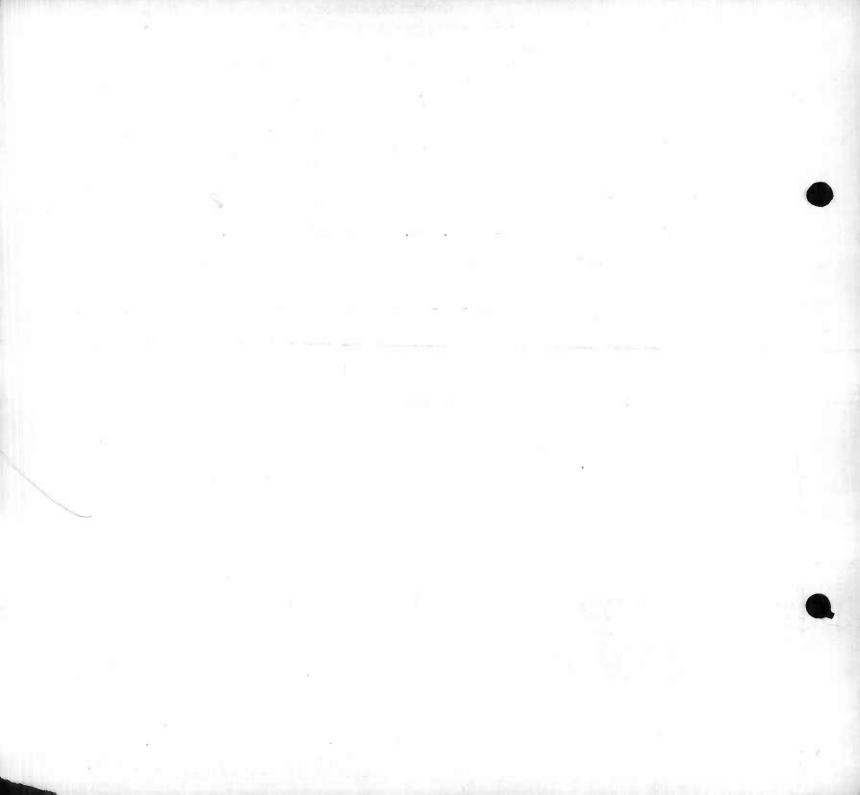


FUNERAL DIRECTOR: IMPORTANT

0 - 0 0		HEALTH DEPARTMENT		שמים מייבים
H-220 70 375	3 CERTIFICA	TE OF DEATH	REG. NO	70 3753
(Type or Print) LOUIS RUZI	CKA		il 3, 1970	5 p.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (WHA, STATE B. COU	nere deceased lived. If in	stitution: residence before admissio
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		Md., 2120 c. CITY OR TOWN Baltimore	D. INSI	DE CITY LIMITS? YES X NO
00 2922 E. Madisor	Street	E. STREET AND NUMBER	Madison Str	reet
S. SEX 6. RACE 7. MADD		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hr
male white WIDOV		2/14/1900	lost birthdoy)	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KINE tone during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNT
	el Meat Mkt.	Czechoslov	akia	U.S.A.
3. FATHER'S NAME Joseph Rusick		14. MOTHER'S MAIDEN N. unknown		
5. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.		n - 1 - 1	
	216-01-6371 CAUSE OF DEAT		Ruzicka, w	ife, above
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, given is a the obove cause (A) sloting UNDERLYING CONDITION lost.	ing .	A CONSEQUENCE OF:	Volenosch	arou Gubace
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL	astric &	leer	2 400
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes of)	IN CERTIFYING CAL	FINDINGS CONSIDER D
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltlmor	e City, give exact lacation)
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At Not While	e		
	Work L At Work	F	15 11	1-
22. I certify that (I) (this housing) attended	ed the deceased fram	1	1960 ta 4/	3 1970
that (1) (we) ast saw the deceased alive	an 3//8/	19.70and	that in (my) (cor) apl	nian death accurred an the d
and haur and from the causes stated above	e. (1) (We) (did) (did) v	lew the bady after death	•	
23A. SIGNATURE	N. O		Washington Laborator	23 B. DATE SIGNED
Thewn & House	a Man again Atte	mding Med. Director	Staff Phys.	4/6/70
23C. PHYSICIANS Dr. Henry He	ouska	23D. ADDRESS 333 S.	East Avenu	ie
REMOVAL (Specify)	C. NAME of CEMETERY OF CRI			ty, town, or county) (Stote)
Burial 4/7/70 B	ohemian Natio	nal Cem.	Baltimore,	Md.
APR 9 1970	AE OF BEOISTRAR		Funeral Ho Brehms Lane	
/S 150-REV. 1/1/6B		3331		

Acres a Server from server . The year of the server

VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death), such written approved must be obtained before the remains are emplaned or find a find in the deceased prior to death. Such IMPORTANT FUNERAL DIRECTOR:

N/ 1/2	0 =10	and brong poor pro		BALTIMORE CIT	Y HEALTH DEPART	MENT		base	
BIRTH NO.	0 70	3755)	CERTIFICA	ATE OF DEA	HTA	REG. NO	1	3755
(Type or Print)	Cather,	Theres	2/12	S	2.	DATE AT	3 1 7 0		1 7060
3. PLACE IN BA	TIMORE, MARYLA	ND, WHERE P	RONOUNC	ED DEAD	4. USUAL RESIDEN	B. COUN	ne deceased lived. If i	nstitutions	residence befare admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN ADDRESS O	HOSPITAL OR	опитите	N, GIVE STREET	Md.		13		2633
m.	rylo-d	Gene-	. 1	Hospital		timo		YES X	_
48							mona Ave.		
female		WIDO	WED	IEVER MARRIED DIVORCED	8. DATE OF BIRTH 7/12/87		9. AGE (In years lost birthdoy) 82	If Und Months	er 1 Yı. If Under 24 Hrs. Doys Hours Min,
tOA, USUAL OCC	UPATION (Give kind working life, even if	of work 10 B. KII	ND OF BUS	INESS OR INDUSTR	11. BIRTHPLA CE (Sto	te or fore	ign country)	12. CI1	TIZEN OF WHAT COUNTRY
Cashi	er		eberg	Krudle	Penna.				
13. FATHER'S NA					14. MOTHER'S MAI	DEN NA	ME		
	Patrick				Marg	aret	Brown		
15. Was Deceased (Yes, no or unknown	Ever in U. S. Am	ned Forces? or dotes of ser	vice) 16.	SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS
				03-9321	Katheri	ne F	ischer, d	aht.	above
18. 4/6	2,21			CAUSE OF DEAT	н			GIL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEAS	LEADING TO D	ON DIRECTLY			5 1	•	*		I DOSEI AND DEATH
(This does n	of mean the mo	de of duine	e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	1600	<u>~14</u>		days
injury of con	asthenia, etc. 11 optication which o	means the dis aused death.)	ease,		A GOLLIE GOLLIE OLL				
	ANTECEDENT CA	AUSES		a Care	haves	1.	v accide	+	14.6
DISEASES C	R CONDITIONS	, if any, g	iving	DUE TO, OR AS	A CONSEQUENCE OF	F ₂	0 000130	· / / ·	
UNDERLYING	obove cause CONDITION Ia	(A) sloting	lhe	(c) 11 7 pc	1 tensine	ca-d	10 coscilor	1500	ce y13.
Z OTHER SIGNIE	CANT CONDITION	IC CONTRIBUT							/
TO THE DEAT	H BUT NOT RELATE ONDITION GIVEN	O TO THE TERMS	NAL	190000000000000000000000000000000000000					
OTHER SIGNIF TO THE DEAT DISEASE OR CO 19A. DATE OF	OPERATION 198	CONDITION	FOR WHICH	- OPERATION	20A. AUTOPSY? (Y	es or No		FINDINGS	CONSIDERED
					No		IN CERTIFYING CA	USES OF	DEATH?
OR CONTRIBU	TING CAUSE O	ING [218 PLAC home, for etc.)	E OF INJURY (e.g., i m, foctory, street, of	n or obout 21 C. WHERE INJURY OC	CU R?	(If In Boltimor	e Cily, glv	re exoct locotion)
Q 21D.TIME	(Month) (Doy)	(Year) (Hour)		RY OCCURRED		DID INJ	JRY OCCUR?		
(APPROX.)			While At Work	Not While	° 🗆				
22. I certify	that (1) (his ho	spital) ottend	led the de	ceosed from	3128	1	970 to 4	1 3	19 76
that (1) (we)	last sow the de	ceosed olive	on	113	19 7 0		~ []	ilon deo	th occurred on the date
and hour and	from the couse	s stoted oboy	e. (1) We	(did) (did not) v	lew the body after	deoth.			occorred on the date
23A. SIGNATU	RE	0		V				23 B, DAT	E SIGNED
00	us Z.	Inen	mer 1	4-D begree Phys	nding Med.	, 🗆 i	Staff Phys.	4	13/78
PHYSICIAL NAME (Ty	YS pe)		0	1	3D. ADDRESS				
24A. BURIAL CREA REMOVAL (S	AATION, 248, DA	TE 24	C. NAME a	DEGREE	MATORY	1040 40			
REMOVAL (S				awn Cemet				y, town, o	r county) (Stote)
SA. DATE REC'D			A OF THE				ltimore,		ADDOSSS
APR 9	1310 1/48	2,5 6, 18	wer and	7	Schimun	ek F	uneral Ho	me,	Inchess
/S 150-REV, 1/1/6	8				333	T.RI	ehms Lane		



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7U 3756

BALTIMORE CITY HEALTH DEPARTMENT

	1) -136	,	MED	ICAL		MINER'S				OF I	DEAT	H REG. NO	7	0	37	756
1.	NAME OF DEC	EASED	Eliza	V.		OITIERS)	II OI		Known &	_	Month	Doy	Yeo	or	Hour	
FU	PLACE IN BAL LL NAME OF SPITAL INSTITUTION	(IF NO		HERE PRO	ONOUNC	D DEAD		NOU	NCED DEAD		Month 4	_{D∘у}	Yed 7(0	Hour 11:(- CE 1711
	SEX	7. RACE	Hopkins				A. STA	TE N	SIDENCE (W		lece ased li	B. COUNTY		8	O 4	ission)
	female	whi	te 10.AGE (In	WIDOW	ED X	DIVORCED			Baltii ND NUMBER		e		YES K		0 🗆	
11.	5/17/ BIRTHPLACE (S	tote or lore	-	7.7	2. CITIZE		13. FA1		102 Mu	ra J	St.					
	eduring most of w	PATION (Gi	ive kind of work	48. KIND	OF BUSIN	ESS OR INDUSTR	15. MC	THER'	Nichol S MAIDEN I Eva Ch	NAME						
16. (Ye	WAS DECEAS s, no or unknown)	ED EVER IN	U.S. ARMED	FORCES?	17. Se	nome ocial ecurity No. 05-0418D	IB. INF	ORM.		2	1093	7	ADDRESS		ircl	
	(This does n heart lailure,	LEADING T of me on the osthenio, et	DITION DIRECTOR DEATH mode of dying the mich coused deo	ng, e.g., diseose,		Arterio (A)IMMEDIATE (DUE TO, OR	TH Sclen	oti	c card:					APPR	OXIMATE I	NTERVAL
ION	DISEASES	BOVE CA	IONS, IF ANY,	GIVING ING THE		(B) DUE TO, OR	AS A CC	NSEQ	UENCE OF:							
CERTIFICATION	TO THE DEA	CONDITION	NDITIONS CO	THE TERMIN	JAL				litus							
IL CER	0					OPERATION W								no	SY? (Yes	or No)
MEDIC	UNDERLYING UTING CA	USE OF DE	VTRIB-	h	ome, form,	OF INJURY (e.g., foctory, street, offic	in or obe bldg., e	ic.) IN	C. WHERE D JURY OCCU!	R? `			xact locatio	n)		
	OF INJURY (APPROX.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Doy) (reur)		while A		WHILE C		- HOW DID	11430		JK?				
	ACTUAL SIGNATU EXAMINI NAME (T	JRE LL SER'S SYPE)	Natural cous Werner	h	Accider i z, I	Suicle M.D. M.D.	Deput	Hom CI ASSIST ASSIST	HIEF MEDICA TANT MEDICA CLATE MEDICA Thief Me	Ur AL EXA AL EXA	AMINER AMINER AMINER	death in my med manner med manner med manner med manner med manner		D	ATE SIG	
RE	A. BURIAL CREA MOVAL (Specif Burial	MATION,	24B. DATE	70		ME of CEMETERY					CATION		vn, or cou		(Ste	ote)
25	A. DATE REC'D	BY HEALTH	DEPT.	258. NA	ME OF RE				INERAL DIRE	ECTOR F	uner	al Hon			•	

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VS 151-REV, 1/1/68

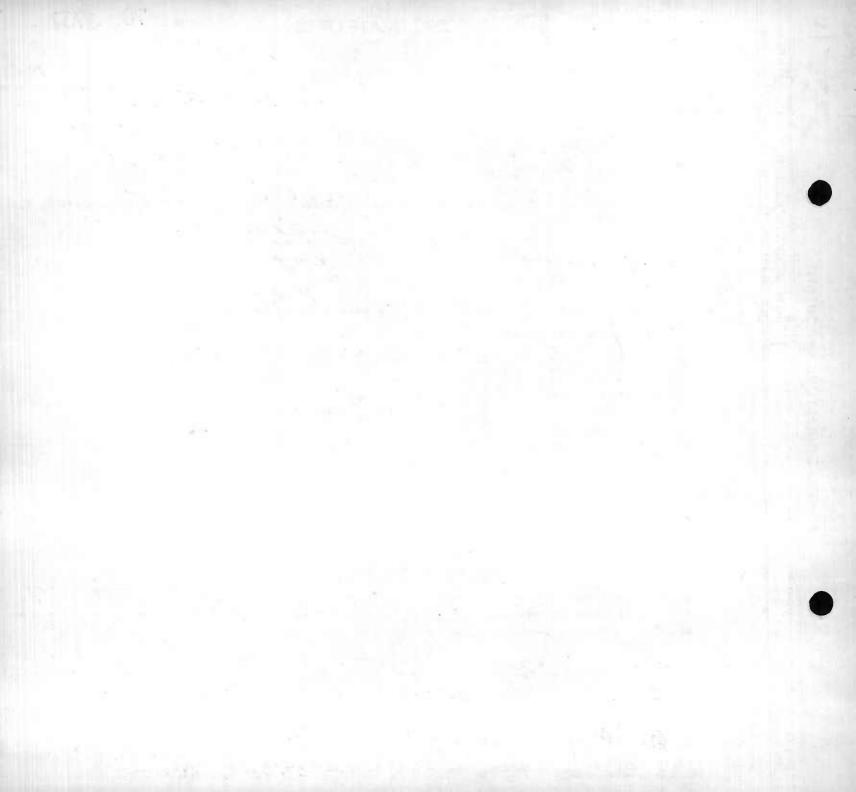
MESSELV. Partisone ... IMPORTANI

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

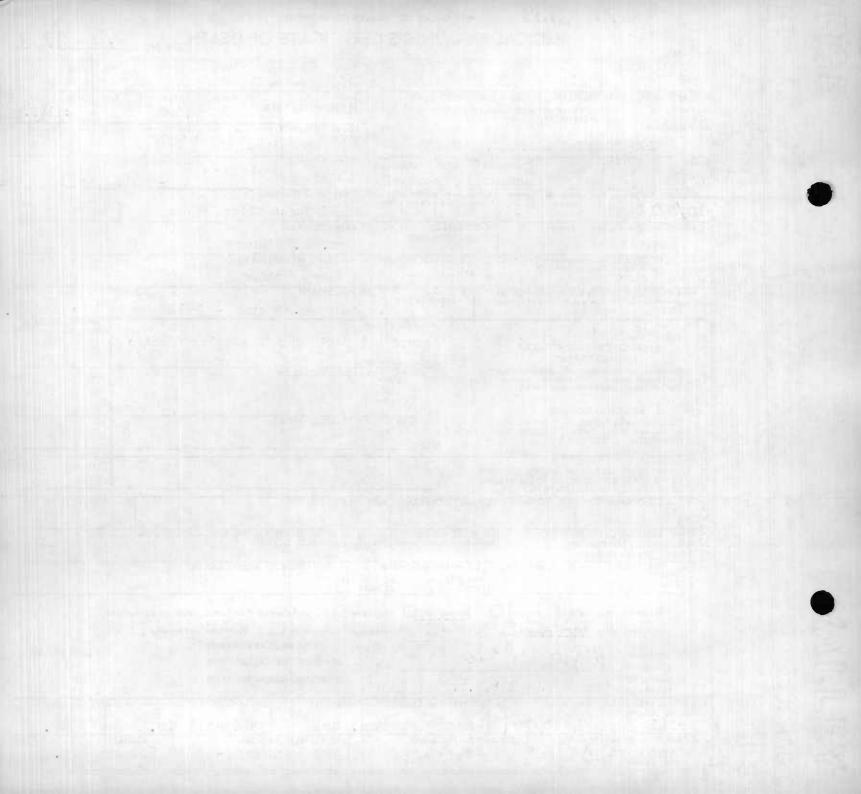
BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT

Generalized O'Resoulines Hortgett Negeloma

VS 151-REV. 1/1/68



IMPORTANT

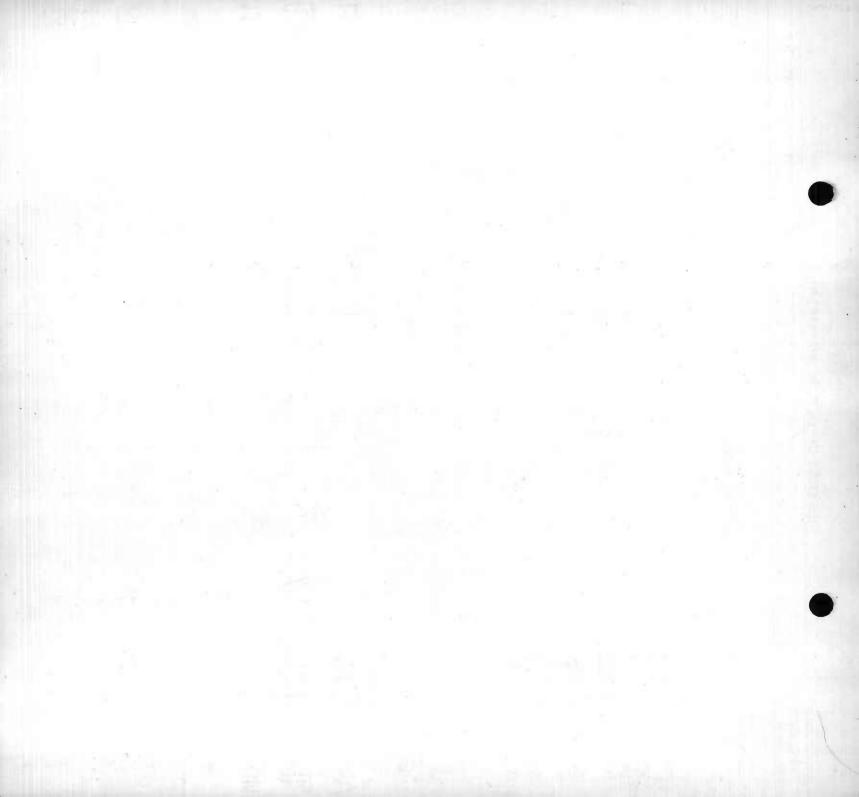
DIRECTOR:

FUNERAL

A 1100 min		HEALTH DEPARTMENT		70 2761
IRTH NO. 70 37	61 CERTIFICA	TE OF DEATH	REG. NO	'10 210T
NAME OF DECEASED Type or Print)	1 ed (FEDORA	CILYK) 2. DATE AND	HOUR OF DEATH	859
3. PLACE IN BALTIMORE, MARYLAND, WHERE		4. USUAL RESIDENCE (Where of	deceased lived. If inst	itution: residence before admissio
nstitution ht Sinai /	Nursing Home Aghts Ave.	c. CITY OR TOWN Baltimor E. STREET AND NUMBER 2024 E. S	0	E CITY LIMITS? YES NO NO
			AGE (In years	if Under 1 Yr., If Under 24 H
7	ARRIED NEVER MARRIED		t birthdoy)	Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10B, K	OWED DIVORCED		- T	12. CITIZEN OF WHAT COUNT
one during most of working life, even if retired)	IND OF BOSINESS OK INDOSIKI	11. BIRTHYLAGE (Store of toreign	Couliny	12. CHIZEN OF WHAT COUNT
Charwoman Of	fice Building	Ukraine		Ukraine
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
George Suhaniak		Yowdokha	?????	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(li yes, give wor or dotes of s				
No -	215-30-0733	Mr. Daniel Cily	rk, 2024 E.	
18.412,3 I	CAUSE OF DEAT		•	BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTL	Bro	to preumor	20	4 days
LEADING TO DEATH (This does not mean the mode of dying	(A) IMMEDIATE CAL	JSE		0
injury or complication which coused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove couse (A) station UNDERLYING CONDITION last.	giving (B)	A CONSEQUENCE OF:	lovio	4 wels
II		hose		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	MINAL			
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Day) (Year) (Hou	1) 21E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
APPROX.)	While At Not Whi	е		
(ATT KOA)	Work L At Work		7.	
22. I certify that (1) (this bospital) atte	nded the deceased from		70 to 09	rul 7 1970
that (I) (we) last saw the deceased ali-	re an april 7	19 70 and that	in (my) (ou r) apln	Ian death accurred an the d
and haur and fram the causes stated at				
23A. SIGNATURE	1 (17 (170) (010) (010-101)	The body dilet deaths		238, DATE SIGNED
Thereal I	Dh.	ending Med. Sh		4/7/20
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS		2 41 - 11.
NAME (Type) MANUE!	/ EVIN MD	6/6/ Cark Haj	5 Char B	wello - 15/12
Total Comments	DEGREE	TAATONY TOUR	ATION	4
AA. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CR			, town, or county) (State
Burial 4/11/70	St. Andrew	Balt	imore,	Maryland
25A. DATE REC'D BY HEALTH DEPT. 258.	TAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
APR 9 1970 (KoBens E. VI	Liber Milly	M.F.SADOWSKI	& SONS, 1	808 EASTERN A
'S 150-REV. 1/1/6B		1		

y Land and premises actions looks four deans " you Contra Thronton stork. apone 7 sports of apone s Thomas Jam his x 1000 MARGUEL LEWIN NO bin Pass Hope an Bath ...

VS 150-REV. 1/1/68



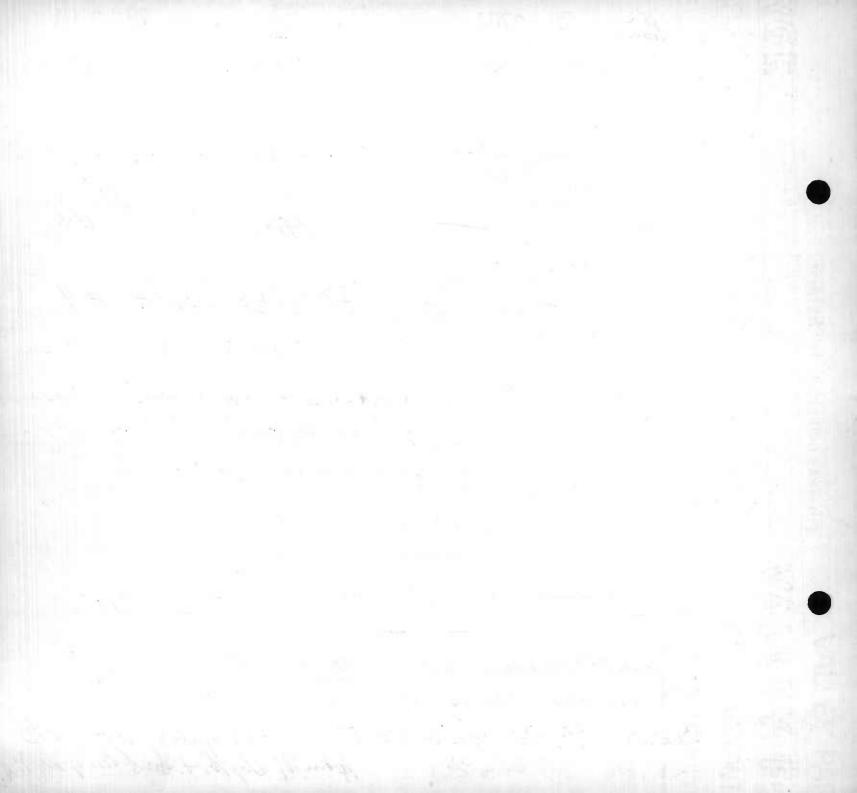
11/11	BALTIMORE CITY	Y HEALTH DEPARTMENT	70 3763
	10 3763 CERTIFICA	TE OF DEATH Registered No.	10 3100
1. NAME OF DECEASED (Type or Print) AME	H. HARPER	April 6-19	70 1:15 P M.
TERTIFICAT	E AMENULU ospitol ar institution, give street	4. USUAL RESIDENCE (Where deceased lived. If in	stitution: residence before admission)
HOSPITAL OR address ar		C. CITY OR TOWN (If autside city limits, write R	URAL and give tawnship)
MERCY HO	750	D. STREET ADDRESS (If rurol, give location)	st
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 1905 lost birthday 64	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
	Secto Gas + \$/ECTRIL	North Carolina North Carolina	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME F. B. HAR	PER	LOUVENIA	
15. Was Deceosed Ever in U. S. Am (Yes, no or unknown) (III yes, give wor	or dotes of service) 16. SOCIAL SECURITY NO. 217-03-4062	Jave. No Harpon 290	OGARNISON B/WD
DISEASE OR CONDITION	CAUSE C	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO D	DEATH ode of dying, e.g., DUE TO	Smonay Embrilie.	huncies
hearl failure, asthenia, etc. It injury or camplication which ANTECEDENT C	caused deoth.)	Q	
DISEASES OR CONDITION tise to the obove caust UNDERLYING CONDITION I	S, if any, giving (A) staling the (C)		######################################
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CAL	T RELATED TO THE		
U 19A. DATE OF OPERATION 19	B. CONDITION FOR WHICH OPERATION AS PERFORMED	20A. AUTOPSY? (Yes ar Na) 20B. IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE DEATH (notify medical examine)	OF home, farm, foctory, street,	in or obout 21C. WHERE DID (If in Baltimare office bldg., INJURY OCCUR?	city, give exact lacation)
21D. TIME (Month) (Doy) OF INJURY (APPROX.)	(Yeon) (Houn) 21E INJURY OCCURRED While At Nat Work Not Work		, , , , , , , , , , , ,
22. I certify that (I) (this he that (I) (we) Jost saw the d	ospital) attended the deceased fram	3/6 190 to	1970
	es stated above. (I) (We) (did) (did nat)		238. DATE SIGNED
and	n. Teilling M.D. At	Med, Stall Phys.	23% DAIL SIGNED
23C. PHYSICIAN S NAME (Type)	5 J. MCPHILLPA.O.	230. ADDRESS 2 E. Read St., Be	Stimbre mel
SURIAL CREMATION, 248. D REMOVAL (Specify)	13/70 ARBUTUS MON	REMATORY 24D. LOCATION ICI	ALTOMD 2127
25A. DATE REC'D BY HEAUTH DEP	T. 25B. NAME OF REGISTRAS	25C. FUNERAL DIRECTOR Mars 638	ngilmenst
VS 150-RE 747/1/65	-		

1920 Federal Census for James H. Harper - age 14 - born in North Carolina to Eb & Luvenia Harper and V.S. 153 4-20-70 M.H.

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/6B

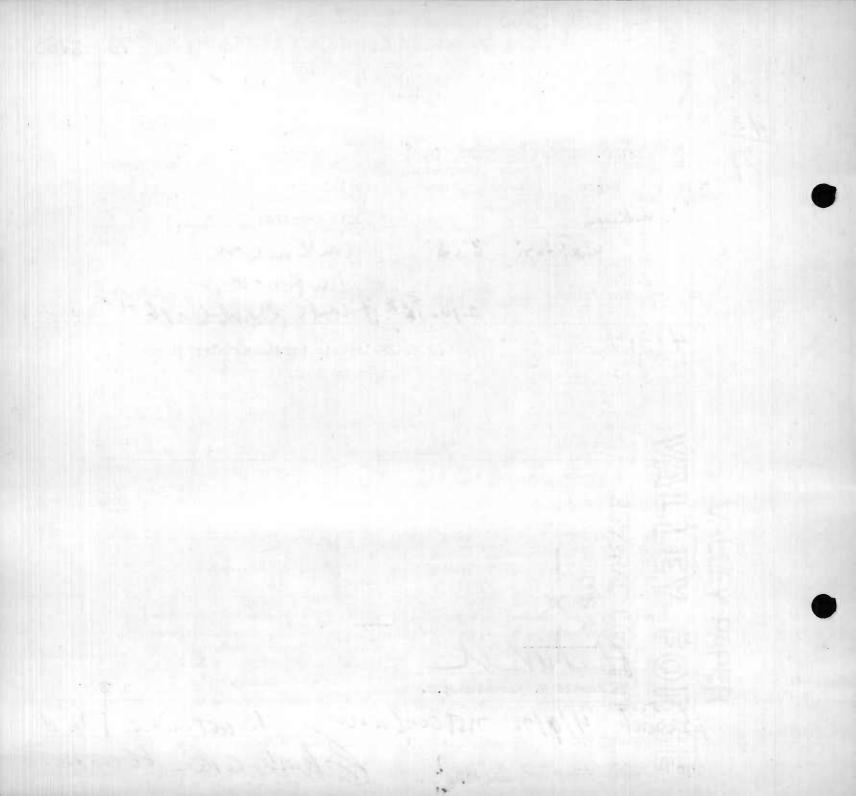
BALTIMORE CITY HEALTH DEPARTMENT de decessed lived. If institution; residence before admission) Anne Arundle D. INSIDE CITY LIMITS? NO YES Riva, Maryland If Under 1 Yr. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimaro City, give exact location) LO and that in (my) (con) apinion death occurred on the date 23 B. DATE SIGNED The Johns Hopkins Hospital



25C FUNERAL DIRECTOR

254 DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR



VS 150-REW-144/68



VS 1504054717468

Journa dollarstalke

IMPORTANT

ECTOR:

VS 150-REV. 1/1/68

S-163 70 3769 BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO. 10 3769
1. NAME OF DECEASED (Type or Print) CH C D A A A A A	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	He usual residence (when decord in the control of t
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission as STATE B. COUNTY
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
OUNIVERSITY OF Md HOSP	E. STREET AND NUMBER
	820 ManGold Balto Mo
WIDOWED DIVORCED	6 1 26 1894 last birthday) Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' done during most of working life, even if refired)	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
HOUSE WIFE	Balto Md - 216A W SA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
AdoLpH SLaughTER	NORA EastER
5. Was Decoased Ever in U. S. Armed Forces? Yos, no or unknown) (II yos, give war or dotes of sorvice) SECURITY NO.	17. INFORMANT Mrs. Margaret Burdette ADDRESS
NO -	Patient: OHART 820 Mangold St
18. 250.9 CAUSE OF DEA'	1
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEAT
LEADING TO DEATH	HEE ACIITE MIL
	A CONSEQUENCE OF:
injury as complication which caused death.)	
ANTECEDENT CAUSES	0111
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	S A CONSEQUENCE OF:
rise to the above cause (A) stating the	Let. Meltily
UNDERLYING CONDITION last. (c) & La	vela 1 carry
Z OTHER SIGNIFICANT CONFIDENCE CONTRIBUTING	
	15N
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A-AUTOPSY2 (Yos of No) 208, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	20A. AUTOPSY? (Yos or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A- ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DtD (If to Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF OBEATH (notify modical examined)	ffice bldg. INJURY OCCUR?
21D-YIME (Month) (Doy) (Yoor) (Hour) 21E, INJURY OCCURRED	/00
E OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX) Not White At Work Not White At Work	
22. I certify that (I) (this hospital) attended the deceased fram	3/46/70 19 10 4/8 19)
that (I) (we) last saw the deceased alive an	19 70 and that in(my) (our) apinian death accurred an the da
and have and from the causes stated above. (1) (We) (did) (did nat)	
23A. SIGNATURE	
41 1 0 10	ending Med. Stoff Phys. 238, DATE SIGNED
23C. PHYSICIAN'S NAME (Type) WA SON CHE HAROLD J KAPLAN	23D. ADDRESS W. of M. Hoss
24A. BURIAL CREMATION. 24B. DATE 24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 4/11/70 Cedar Hill Cem	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
ADD O STAN R. Sent E. Fanding H. A.	Witzke, 4101/Edmondson Ave., 21229
VS 15 - REVAIL (68	



VS 150-REV. 1/1/68



IMPORTANT

FUNERAL DIRECTOR:

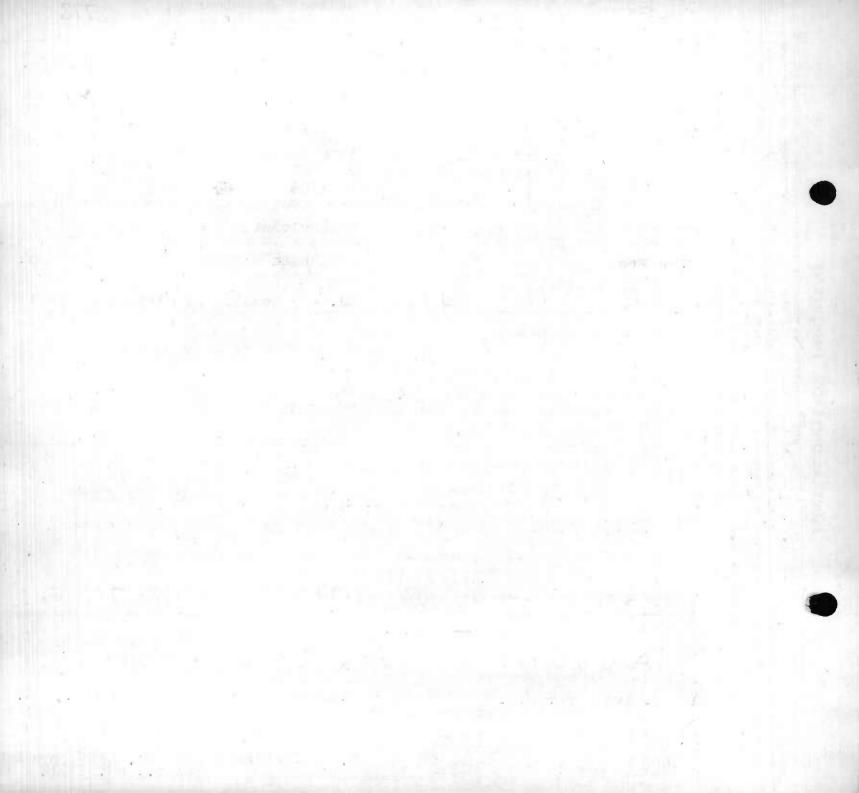
	170	BALTIMORE CI	IY HEALTH DEPARTMENT		70 3771			
BIRTH NO.	70	3771 CERTIFIC		REG. NO.	10 3112			
(Type or Print)				NO HOUR OF DEATH				
	Virginia		the state of the s	-9-70	5:10 a.			
	LTIMORE, MARYLAND, WH			re deceased lived. If inst	itution: residence before admission			
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCAT	OR INSTITUTION, GIVE STREET	Maryland		100%			
Νοιτυτπενι	Provident H	Hospital, Inc.	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS?					
20	1514 Divis				YES 🔀 NO 🗌			
39		Maryland 21217	e. STREET AND NUMBER 2248 Brookfi	eld Avenue				
SEX	6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy 63	Il Under 1 Yr. If Under 24 H Months: Days Hours Min.			
Female	Negro	WIDOWED DIVORCED	12-28-06	ider dirindoy63	Months Days Hours Min.			
OA. USUAL OCC lone during most of Housewij	working life, even if refired	DR. KIND OF BUSINESS OR INDUST	Virginia	ign country)	U. S.A.			
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN NA	ME	I			
John T.	Floyd		Ella Bell					
5. Was Decemend	Ever in U. S. Armed Force	s? 1 6. SOCIAL of sorvice) SECURITY NO.	17. INFORMANT		ADDRESS			
NO		212-60-5459	Mr. John Hill	- Husband	SAME			
18.43	1,01	CAUSE OF DEA	//-	11	APPROXIMATE INTERVA			
/ DISEA!	SE OR CONDITION DIREC	CTLY (EREE	BRAL HEMOR	RRHAGE	THEE WEEK ONSET AND DE			
(71:-	LEADING TO DEATH	(A)IMMEDIATE C	AUSE		1/9/73			
heart failure.	nat mean the mode of d asthenia, etc. It means th	VING. C.C.	S A CONSEQUENCE OF:	************************				
injury or con	aplication which caused de	eath.)						
	ANTECEDENT CAUSES	HATE	RIOSCKEROSL	(
DISFASES	OR CONDITIONS, il on		AS A CONSEQUENCE OF:	~				
rise to the	above cause (A) si G CONDITION last,	Inthon Alice and	GNT14L A	typertensio	'n			
	11	(0/		7-1				
E I IO THE DEAT	II FICANT CONDITIONS CONT IN BUT NOT RELATED TO THE	TERMINAL		/				
DISEASE OR C	ONDITION GIVEN IN PART 1	(A).	120A A117CD 242 (V	V 000 18 Mar				
		TION FOR WHICH OPERATION	NO	IN CERTIFYING CAUS	IDINGS CONSIDERED			
OR CONTRIBU	NT WAS UNDERLYING THE CAUSE OF medical examined	21B PLACE OF INJURY (e.g., home, larm, loctory, street, etc.)	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(II In Boltimore	City, give exact location)			
21 D. TIME OF INJURY	(Month) IDoy) IYear) (Houd 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
(APPROX.)		While At Not Wh	ille 🖂					
		Work LJ At Wor	k 🗀					
22. I certify	that (i) (this haspital) o	attended the deceased from	+ 16 1	9 / CoApril	9, 1970			
4		olive on April 9,	19 70 and the	at in (my) (our) opinio	an deoth accurred on the d			
and hour one	from the causes stated	obave. (1) (We) (did) (did not)	view the bady after death.					
23A. SIGNATU	BE /		2000000	2	38 DATE SIGNED			
Acto	V di Us	Carpelan. D. DEGREE Ph	tending Med.	Staff Phys.	4-9-70			
23C. PHYSICIA NAME IT	N'S	DEGREE PA	23D. ADDRESS	FITY'S, famed				
NAME IT	PRT L. BI	ANFIELD M.D.	722 N	. Fulle	m ave			
4A. BURIAL CRE	MATION, 248, DATE	24C. NAME of CEMETERY OF C		CATION (City.	town, or county) (State)			
Burial	4-14-7	o Carver Men	7	41rkirk	Mary bud			
SA. DATA PEDO	1970 P. B. B.	E NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS			
			JOSEPH GIRE	in 22724	Ji North HV			
S 150-REV. 1/1/6	5							



FUNERAL DIRECTOR:

	het o		BALTIMORE CIT	Y HEALTH DEPARTMENT		70 3772
BIRTH NO.		3772	CERTIFICA	TE OF DEATH	REG. NO	3772
Type or Print)	Mary	Ethel		Apr	and hour of deat il 7, 1970	10401
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UN CED DEAD	4. USUAL RESIDENCE IW	here deceased fived. If	Institution: lesidence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	Maryland c. CITY OR TOWN		1759
90 Hous	e In The P	ines -	Belvedere	Baltimore E. STREET AND NUMBER 4216 Kelwa		YES MO
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED		9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
IOA. USUAL OCCU	PATION/Give kind of work	WIDOWED	DIVORCED	9-23-1878	last birthday)	Months Doys Hours Min.
done during most of w Instruc	Olympa the and it telled		siotherapy	North Card		12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAM	E	1		14. MOTHER'S MAIDEN N	AMF	
_	e M. Walto				ce Worthen	
.5. Was Deceased Yes, no or unknown]	ever in U.S. Armed For lif yes, give war ar date	ces? s of service)	1 6, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			220-44-5726	Mr. Kenne	th W. Blac	keslee Same
(This does no heart failure, a injury or camp AI DISEASES OR rise to the UNDERLYING	EADING TO DEATH I meon the made of sthenia, etc. It means itication which caused NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last. ANT CONDITIONS CON BUT NOT RELATED TO THE	the disease, death.) any, giving stating the		A CONSEQUENCE OF:	nonia Ko restin	1 0 le
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF C	NDITION GIVEN IN PART PERATION 198 CONE WAS PERF	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes of h	10) 20B, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTE	WAS UNDERLYING DING CAUSE OF	218, homelca	PLACE OF INJURY le.g., in s, farm, factory, sheat, aft	or about 21C, WHERE DID	(II In Boltimo	are Cily, give exect location)
OF INJURY (APPROX)	Month) (Day) (Year)		INJURY OCCURRED e Al Noi While Al Work	21 F. HOW DID IN	JURY OCCUR?	
22. I certify th	nat (1) (this hospital)	attended th	e deceased from	Rept 6	1968 to Ce	mil 7 1920
	st saw the deceases			3 19 70 and .	hat In(my) (our) on	Inlan death accurred an the date
			(We) (did) (did not) ul	ew the bady after death.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	account of the life date
23A. SIGNATURE	Cesto,	1 Kol	Con TM. C. Atter	nding Med.	Staff Phys.	23B, DATE SIGNED
23C. PHYSICIAN NAME (Typ	Dr. Le	ster N	. Kolman	Reisterstown		to., Md.
AA. BURIAL CREMA	ATION, 248, DATE	24C. NA	ME of CEMETERY or CRE		LOCATION IC	ity, town, or county) [Stote)
Burial	4-10-70	0 V	Voodlawn Cei		oodlawn Ba	
APR 9		E. Jab	F REGISTRAR			Co. ADDRESS Balto., Md.21212
S 150-REV. 1/1/68				4500	TOTA	Datto., 1710.21212



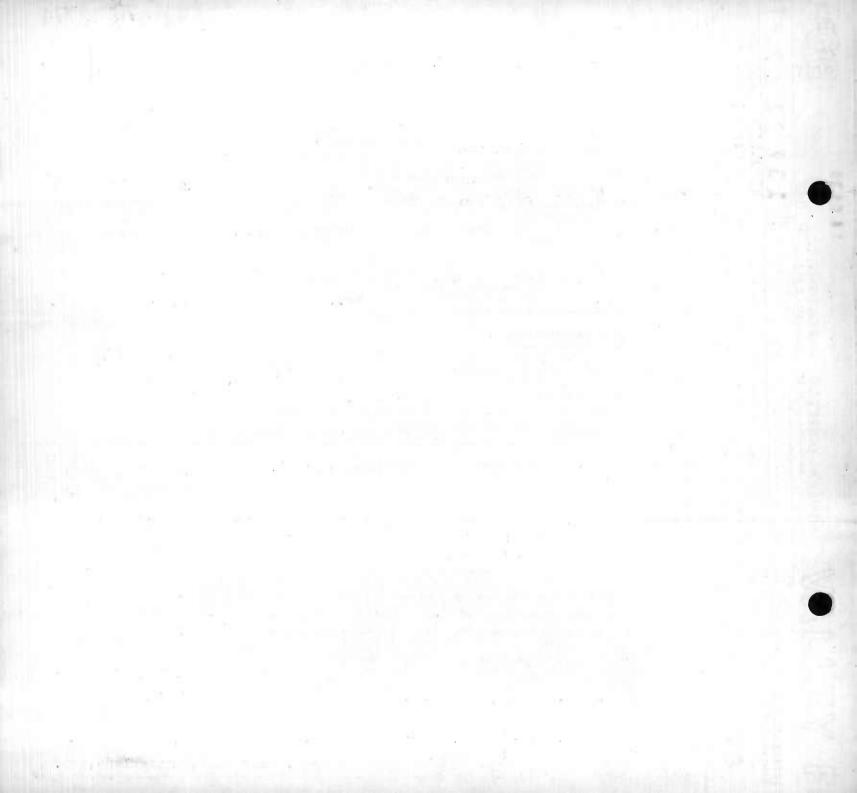


DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANI

DIRECTOR:

FUNERAL

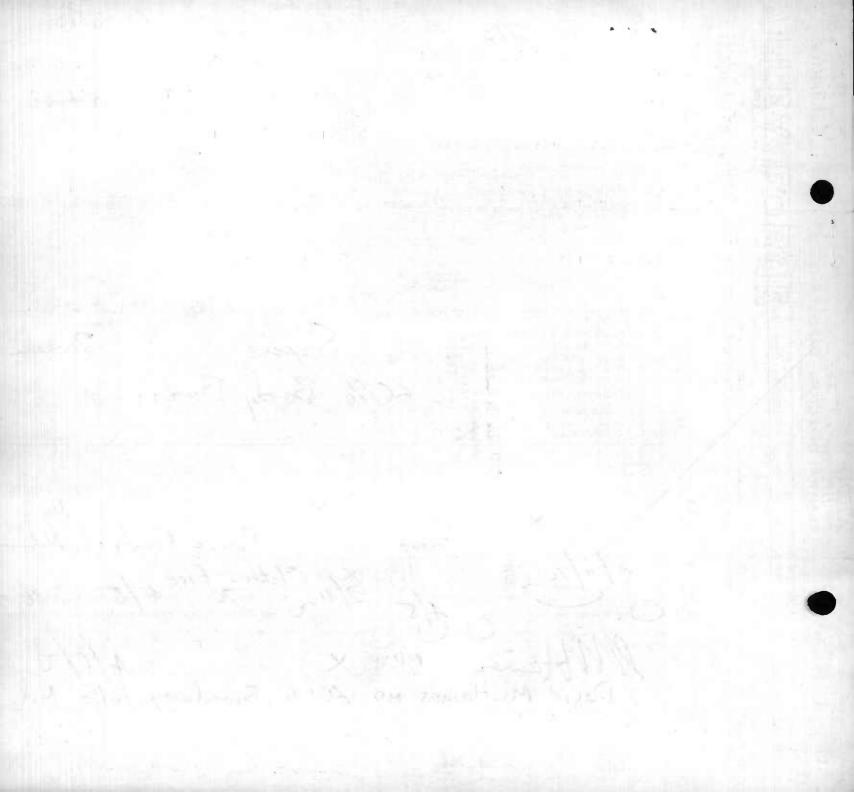


FUNERAL DIRECTOR:

報.2:	36 70		BALTIMORE C	ITY HEALTH DEPART	MENT	מינינים 170
BIRTH NO.		3777	CERTIFIC	ATE OF DEA	ATH REG. NO.	3///
1. NAME OF (Type or Print)		RICH	AEC.	2.	DATE AND HOUR OF DEA	
3. PLACE IN	BALTIMORE MARYLA			4. USUAL RESIDEN	ICE (Where deceased lived	If institution: residence before admission
FULL NAME HOSPITAL OF	OF (IF NOT IN I	HOSPITAL OR	NSTITUTION, GIVE STREET	A. STATE MD C. CITY OR TOWN	E COUNTY	2534
			/ 0 · TM /	BALTIMORE		YES NO
SOUTH	BALTIMORE GE	ENERAL F	POSPITAL	E. STREET AND N		123 [2]
5. SEX	6. RACE	7- MAI	RIED NEVER MARRIED	8. DATE OF BIRTH		If Under 1 Yr. , If Under 24 He
M	W	WIDO	WED DIVORCED		9. AGE (In years lost birthday) 8 3	Months Doys Hours Min.
ione during mo	CCUPATION (Give kind st of working life, even if reineer	elired}	of Business or Indus	BALTO.	ite or foreign country!	12. CITIZEN OF WHAT COUNTR
3. FATHER'S				14. MOTHER'S MAI		
		ichter			LOTTE	
	used Ever in U. S. Arm nown) (If yes, give word	ed Forces? Or dotes of ser	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			705-07-948		EE :	SAME.
18.39	5.9 1		CAUSE OF DE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DIS	LEADING TO DE		CARD	IAC TAMPON	MDE	3-40 AYS
(This doe	s not mean the mor	de al dvina	(A) IMMEDIATE C			J-41/143
heori faile	ure, asthenia, etc. It n complication which co	neans the dis	ease,	AS A CONSEQUENCE OF	A) (B)	
,,	ANTECEDENT CA		Anna	STENOSIS	CHE TUTE	A PERICANDIAL HEMPRRHAGE
DISEASES			(8)	N	(11)	HEMPRHAGE
rise lo	OR CONDITIONS, the above cause	(A) sloling		AS A CONSEQUENCE O		
UNDERLY	ING CONDITION In	st.	(c)	UNTIL STENO	sis; PERICAR	DIO CE UTESTS
z	11					
E ITO THE D	EATH BUT NOT RELATED	TO THE TERMI	NG NAL			
DISEASE O	R CONDITION GIVEN I	N PART 1 (A).	FOR WHICH OPERATION	1004		
14.7	1-70 YA	S PERFORMED	PERICARDIAL &	CACCO 20 AUTOPSY? (Y	es or No. 208, IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTI	DENT WAS UNDERLY! RIBUTINO CAUSE O	NOC	21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)			more City, give exact location)
		(Yeor) (Hour)	21 & INJURY OCCURRED			
OF INJURY	f (1000)	reon (riour)	While At Not W		DID INJURY OCCUR?	
(APPROX)			Work At Wo	rk 📙 ,	2/28	. / / a
			ed the deceased from	lunia -	19 70 ta	4/7 19 70
that (N) (v	we) last saw the dec	eased alive	an_4/7	19 70	_and that In(my) (our)	apinian death accurred an the dat
and haur	and from the causes	stated abay	e. (1) (We) (did) (did not)	view the body after	death.	
23A. SIGN	ATURE .				4001116	23B, DATE SIGNED
W	ellism Euc	John	M.D. DEGREE	ttending Med.	Staff Phys.	4-7-70
23C. PHYSI	CIAN'S F (Type)		DEGREE	23D. ADDRESS	111/41 42	
	, , ,			14402 C	OLBORNE RA	D #1 Buch lab
A. BURIAL C	REMATION, 248, DAT	E 24	C. NAME OF CEMETERY OF C			ICity, town, or county) (Stote)
Buria		1/70	Cedar Hill			
	C'D BY HEALTH DEPT			- U	Dat ciliote	, Maryland
APR 9	1970 168	سالة كر باعد	Sey NOTRAR	George	Gonce 40	001 Ritchie Hgy.
C 150 DELC 1	(1/// 5				Baltimore	e. Md. 21225



0		BALTIMORE CITY HEALTH DEPARTMENT	
S		CERTIFICATE OF DEATH VREG. NO. 10 3778	
• 111	sec the the	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	_
200	o de de S	UType or Print) JACQUELINE BOYD 04-05-70 1 7:45 PM	AA
L	ita o e c th.	3, PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admissingly and the contract of the contract	on)
AL	Sp (c)	A. STATE B. COUNTY MARYLAND CALVERT	
>	dar dar	FULL NAME OF (IF NOT IN MOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	
PRC 1.S	Se; Se;	WEST NO FO	
0	e a a a a	3 THE JOHNS HOPKINS HOSPITAL E. STREET AND NUMBER	_
4 ·	d c d c d c d c d c d c d c d c d c d c		
Z	ad la	5. SEX 6. RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months; Doys Hours Min,	
9	tri mi gu gu	FEMALE NEGRO WIDOWED DIVORCED 1-24-65	
0	e e e e	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNT	RY?
M.	in in ec	done during most of working lile, even if retired)	
X	Jack Sitting	Maryland Cal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Ш	www.he	ALBERT RICE BERNICE BOYD	
F F	lire i, (4)		
- 4	d d d	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO.	
E	kin de ince	Bernice Boyd Prince Frederick-Md.	
Ö	as if	18. APPROXIMATE INTERVAL	L
Б	sis nce nce do	DISEASE OR CONDITION DIRECTLY)"
Ξ	Als VIS	LEADING TO DEATH STANDARDIATE CAUSE Sopre (week	4
1	0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	heort failure, asthenia, etc. Il means the disease.	
7 %	Pr Pr		
40	fro fro	ANTECEDENT CAUSES ANTECEDENT CAUSES (B) BOOG Boody Burn	
10	× A A P P	DISEASES OR CONDITIONS, If any, grant 1 Doe to or as a consequence of	
R 2 1	S G L L	rise to the above cause (A) stating UNDERLYING CONDITION last,	
5 . 7	al s; sin		_
7 1	died Asisis	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
2 2	E of the	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
2	dy dy	19A, DATE OF OPERATION 119B, CONDITION FOR WHICH OPERATION 120A, AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED	
SIS	th Bo	Ves No	
4 5	or de le	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 2 C. WHERE DID (If in Boltimore City, give exact localism), home, form, factory, street, office bldg., INJURY OCCUR?	0
	he che	DEATH (notify medical examiner) etc.) Home Prince Fredrick Md.	
2	ed y creib	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
0	po to	(APPROX.) 2/11/70 7 While At Not While At Clothes fire	
	y z z	22. I certify that (I this hospital) attended the deceased from 2/1/ 19 20 to 4/5 1926	-
	pp th	that (I) (we) ast saw the deceased alive on	
	leased to ident of a hospital (o death);		are
	st be used ent spit deat	and haur and from the causes stated obave. (1) We) (did) did not) view the body after death.	
	de d	23A. SIGNATURE 23B. DATE SIGNED	
	- W C A	Attending Med. Director Director Phys. D	
	s re	23C. PHYSICIAN'S NAME (Type))
	was r An a Prior	David M. Maines MD 60/ N. Droadway, Balto. Ma	
		24A. BORIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)	,
	cert cody sec D.O ase	Col Ma	
	This certif the body shows: (1) was D.O./ deceased written a	25A, DATE REC'D BY HEALTH DEPT. 25B, MANNO OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS	
	This of the bashow was decembered	APR 9 1970 Best & Valley 18 1 Pinkney E. Drivell Prince Fred, My.	
		VS 150-REV. 1/1/68 / 9 4 2	_
		, - 10 J 1 1 Mi	



FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

(State)

Md.

BALTO., Mp. 21212

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(Stote)

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IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

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FUNERAL DIRECTOR:

NO

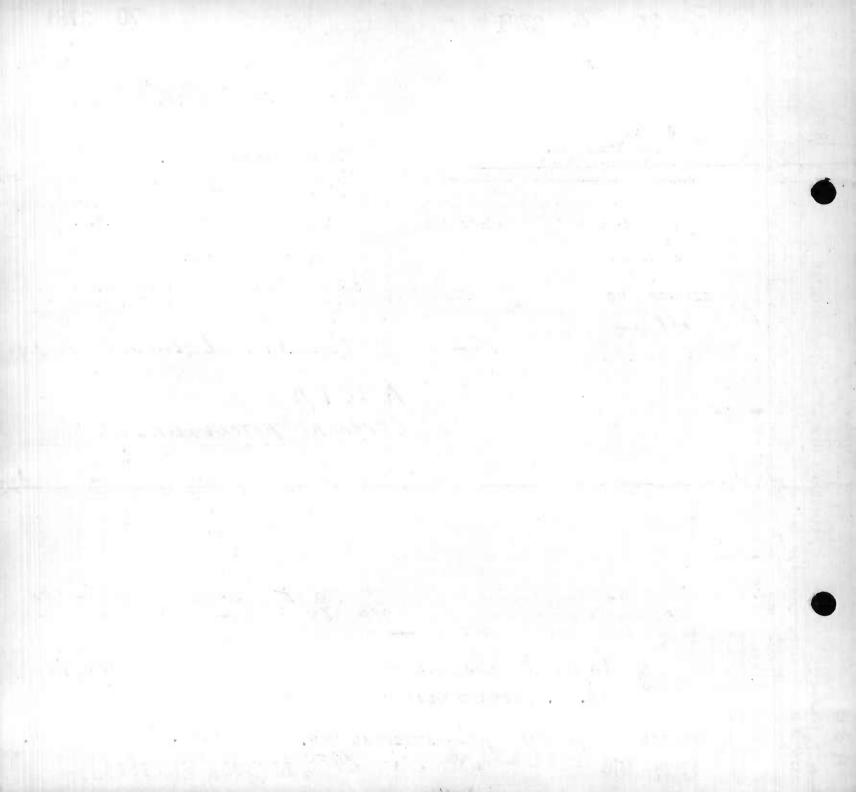
Hours

APPROXIMATE INTERVAL

MD.

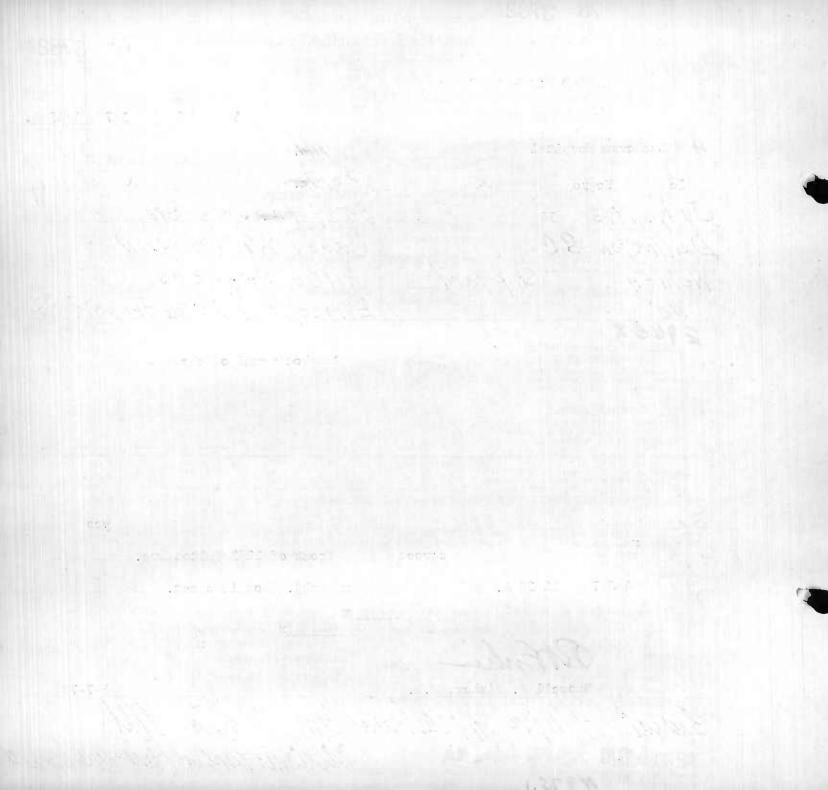
ADDRESS

If Under 24 Hrs.



70 3782

W-368	MEI	DICAL E	SAMINER'S			DEAT	Н	ישרי	0,510.0
BIRTH NO.							REG. NO	70	3106
I. NAME OF DEC	EDWARD W	ITHERSPO	OON	2. DATE OF DEATH	Known Estimated	Month	Doy	Yeor	Hour M.
4. PLACE IN BALT	IMORE, MARYLAND,			3. DATE		Manth	Day	Year	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITADDRESS OR LOC	AL OR INSTITUT			UNCED DEAD	4 deceased liv	6	1970	
46 Luth	neran Hospit	a1		A. STATE	Md		B. COUNTY	/	303
	7. RACE	_	NEVER MARRIED	C. CITY O	TOWN		D. INSIDE CIT	Y LIMITS?	
Male	Negro	WIDOWED	DIVORCED [130	170.		YE	s 🔀 1	NO []
9. DATE OF BIRTH		In years If L	Inder 1 Yr. If Under 24 Hrs iths, Doys, Hours, Min		AND NUMBER		01/		
JUN6.	1913 5			250	34 tha	NO1	S 5/7		
11. BIRTHPLACE	tote or foreign cauntry)	6	CITIZEN OF WHAT COUNTRY?	13. FATHER	SNAME	1.41.	01.20	,	
Darlin	STON SIC	11		Ca	ney ly	114	EH 3/10	ON	
danishyring plast of w	PATION (Give kind at wor arking lile, even if retired)	Chin	BUSINESS OF INDUST	J. Motel).	1545		
18 WAS DECEASE	ED EVER IN U.S. ARME	D EORCES?	17. SOCIAL	IB. JNFOR		orna		DRESS	
(Yes, na ar naknown)	(If yes, give war ar date:	of service)	SECURITY NO.	12/1	aRX H	1/ 9	536 7	FLA X/1	Tie (SX
19,0	· V .		CAUSE OF DE	ATH	00/1/	11 4	V 00 V		PROXIMATE INTERVAL
DISEASE	OR CONDITION DIR	CTIV						BEIWI	EEN ONSET AND DEATH
	EADING TO DEATH	CILI	(A)IMMEDIATE	CAUSE G	unshot wou	ind of	chest		
(This does no	at mean the mode of a	ying, e.g., e disease.	DUE TO, OR	AS A CONSE					
Injury or com	plication which caused d	rath.)							
AN	ITECEDENT CAUSES		(B)						
DISEASES O	R CONDITIONS, IF AN	Y, GIVING	DUE TO, OI	R AS A CONSI	QUENCE OF:				
UNDERLYIN	IG CONDITION LAST.		(C)						
2	11								
OTHER SIGN TO THE DEA	FICANT CONDITIONS (
E DISEASE OR	CONDITION GIVEN IN	PART I (A).	WHICH OPERATION V	VAS DEDECOD	MED	.,		21 AUTO	PSY? (Yes ar Na)
U ZOA. DATE OF	OPERATION 208. CC	INDITION FOI	WHICH OPERATION V	VAS PERFOR	ALED			21. 4010	317 (100 01 110)
₹ 22A. EXTER!	NAL CAUSE WAS	22B	PLACE OF INJURY(e.g	in or about	22C. WHERE DID	(If in Boltima	re City, give exp		es
UNDERLYING	MOR CONTRIB-	hom	e, farm, factory, street, off	ice bldg., etc.)	INJURY OCCUR?			12	03
UTING CAN	Month) (Day) (Ye	or) (Haur)	Street 22E.INJURY OCCURRED		front of 2	JURY OCC	UR?	e	
OF INJURY (APPROX.)		2:30 Am	WHILE AT NO	T WHILE WORK	Cubi Cha		hant		
23.	4-0-70 12	JU Ami	WORK AT	WORK LA	Subj. Sho	or III c	nest.		
1 certi	ify that I held on	Inquiry 🗌	Inspection A	utapsy 🗴	ond that on t	his bosis,	death In my	opinion	
result	ed fram: Naturol ca	uses 🗌 /	Accident Suic	ide 📗 _H	amicide 🔀	Undetermi	ned manner [
	100	1			CHIEF MEDICAL	EXAMINER			DATE SIGNED
ACTUAL	JRE	ruh	M	D. ASS	ISTANT MEDICAL	EXAMINER			
EXAMINE	ER'S	1 0 12	show M.D.	ASS	OCIATE MEDICAL	EXAMINER		,	7 70
NAME (T			sher, M.D.	Y or CREMAT	ORY 24D	LOCATION	City, town		-7-70 (State)
REMOVAL (Specif		1/201	mx/1.	al cremat	The said	Dal	7	4/1/	(0.0.0)
Journa	7/11	110	111 Mura	m (111/10	our	0.	DORESS	
25A. DATE REC'D	BY HEALTH DEPT.	7 7 0	E/OF/REGISTRAR	25C.	FUNERAL DIRECT	J	4. 16	UNESS	2011
APRIU	19/0 1000	d' AMO	A A A A	NA	MUMILIS	June	10/19	We 3/7	11 SONSOLAN
VS 151-REV. 1/1/6B	ALC:N	P	7 10 13 1			}			



CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)-20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) yes (Partial) 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (II in Baltimore City, give exact location) home, farm, loctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-Street In front of 2012 W. Lexington Street UTING CAUSE OF DEATH. OF INJURY (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE Accidentally shot (APPROX.)4-6-70 1:00 A.M. WORK (Partia-Autopsy & I certify that I held an Inquiry Inspection _ and that an this basis, death in my apinion Accident X resulted frame Natural causes Suicide Homicide __ Undetermined manner DeputyCHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER M.D. SIGNATURE. Spitz, M.D. 4/7/70 Werner U. ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** NAME (Type) 24A. BURIAL CREMATION, 24B. DAJE 24C. NAME/of CEMETERY or CREMATORY 24D. LOCATION (City, Jown, or county) (Stote) REMOYAL (Specify)

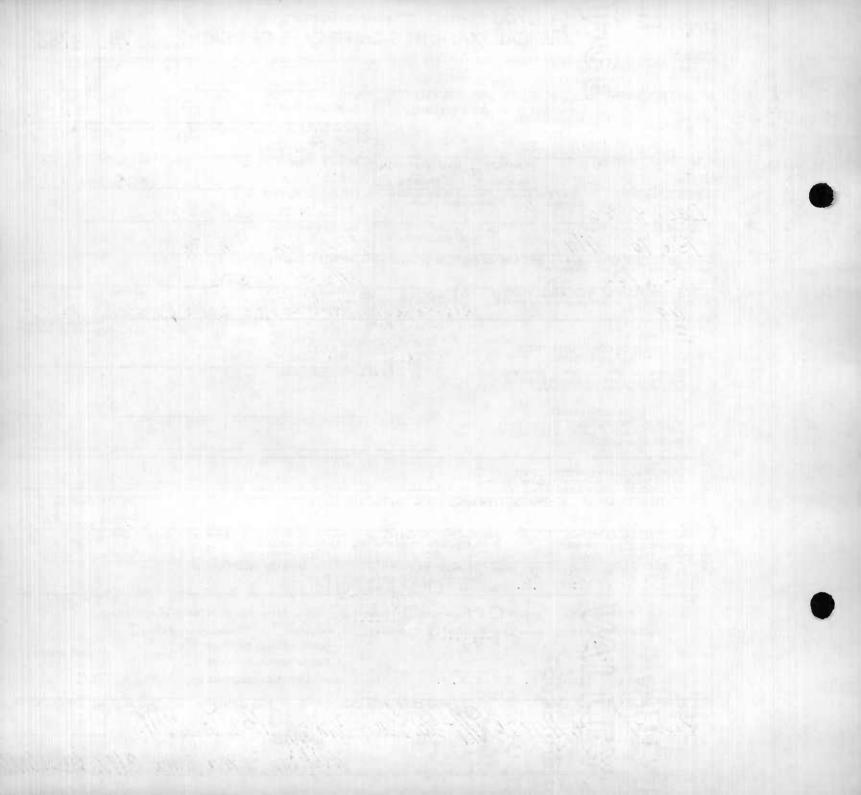
25C. FUNERAL DIRECTO

ADDRESS

268. MAMO OF REGISTRAR

25A. DATE REC'D BY HEALTH DEP

VS 151-REV. 7/1/68



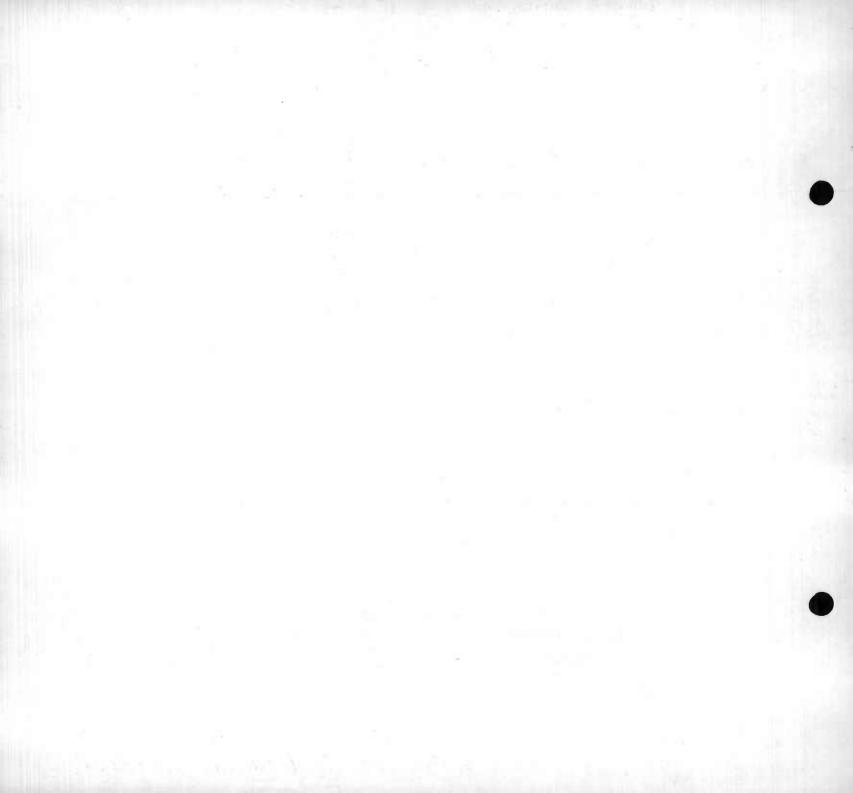


FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be the body was released t shows: (1) An accident o	was D.O.A. at a hosp deceased prior to dec written approval mus

Type o	AE OF DECEASED Print) EBERWETN	I. Christo	opher Fred	2. DATE AND HOUR OF D	
3. PLA	CE IN BALTIMORE, MAR		_	14. USUAL RESIDENCE I Where deceased liver	d. If institution residence before admission
FULL N	NAME OF HE NOT HAL OR ADDRESS UTION Veterans	IN HOSPITAL OR OCCATIONS	INSTITUTION, GIVE STREET	Maryland	D. INSIDE CITY LIMITS? YES NO T
2		ch Raven E e, Maryla		E. STREET AND NUMBER 1813 West Pratt Stree	
S. SEX		an wide	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (in your lost birthday) 11-21-06 63	s If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
Who	ring most of working life, ever lesale	kind of work 10B, KI if retired)	ND OF BUSINESS OR INDUSTRY	11. BirthPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY U. S. A.
	eob Eberwein			14. MOTHER'S MAIDEN NAME Katie Newcome	177. = 1
Yes,no	or unknown) (11 yes, give v	Armed Forces? wor or doles of so to 9-29-		Baltimore, Maryland 2	
hec	DISEASE OR CONDI LEADING TO ais does not meon the ort failure, osthenio, etc. ury or complication whice	DEATH mode of dying,	e.g., (A)IMMEDIATE CAU	JSE Cerebral vascular acci A CONSEQUENCE OF:	ident 3 weeks
rise	ANTECEDENT SEASES OR CONDITION LO OBOVE CON LO OBOVE LO O	CAUSES ONS, if ony, guse (A) sloting	(B)	A CONSEQUENCE OF:	
NO OTH TO DISI	SEASES OR CONDITION B IO THE OBOVE CONTINUE HER SIGNIFICANT CONDITION THE DEATH BUT NOT REL EASE OR CONDITION GIVE	CAUSES ONS, if ony, use (A) sloting I lost. IONS CONTRIBU ATED TO THE TEAM	giving (B) DUE TO, OR AS (C). TING Diabetes Duodenal	mellitus ulcer	
office UN OTH TO DISI	SEASES OR CONDITION B IO THE OBOVE CONTINUE HER SIGNIFICANT CONDITION THE DEATH BUT NOT REL EASE OR CONDITION GIVE	CAUSES ONS, if ony, use (A) sloling I lost. IONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A), 198. CONDITION WAS PERFORMED WOUND de REVING E OF	giving DUE TO, OR AS (c). Diabetes	mellitus ulcer ulcer Only Yes Ves Ves	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? oltimare City, give exoct location)
OTHOUSE OF THE PROPERTY OF THE	SEASES OR CONDITION B IO THE OBOVE CONTROL HER SIGNIFICANT CONDITION THE DEATH BUT NOT RELEASE OR CONDITION GIV. DATE OF OPERATION 3/12/70 A COLDENT WAS UNDER CONTRIBUTING CAUS	CAUSES ONS, if ony, use (A) sloling I lost. IONS CONTRIBU ATED TO THE TERMEN IN PART 1 (A). 198. CONDITION WAS PERFORMED DESCRIPTION OF THE TERMEN OF THE	giving DUE TO, OR AS DUE TO, OR AS THE CO. Diabetes Duodenal Por WHICH OPERATION PARTIAL GASTRECT DIABETES THE PLACE OF INJURY (e.g., income, form, foclory, street, of elc.)	mellitus ulcer 20A. AUTOPSY? (Yes or No) 20B. IF YES, V IN CERTIFYING Yes n or obout 21C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	
WEDUCAL CERTIFICATION OF TO	SEASES OR CONDITION I I I I I I I I I I I I I I I I I I I	CAUSES ONS, if ony, use (A) sloling lost. IONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A). 198 CONDITION WAS PERFORMED WOUND del RELYING CONTRIBUTION (F) (Year) (Houd deceased olly deceased olly deceased olly see (A) (Year) (Houd deceased olly decease	giving DUE 10, OR AS THE (C). Diabetes Duodenal FOR WHICH OPERATION DATIAL BASTRECT DOTIGEMENT 218 PLACE OF INJURY (e.g., income, form, foctory, street, of etc.) 218 INJURY OCCURRED While At Not Work at Work of the deceosed from a con April 3,	mellitus ulcer Only Yes or Nol 208 IF YES V IN CERTIFYING Yes INJURY OCCUR? 21F. How DID INJURY OCCUR? 21F. How DID INJURY OCCUR? 19 70 ond that In 1660 (our	
WEDICALION OTH OTH OTH OTH OTH OTH OTH O	SEASES OR CONDITION I I I I I I I I I I I I I I I I I I I	CAUSES ONS, if ony, use (A) sloling lost. IONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A). 198 CONDITION WAS PERFORMED WOUND del RELYING CONTRIBUTION (F) (Year) (Houd deceased olly deceased olly deceased olly see (A) (Year) (Houd deceased olly decease	giving DUE TO, OR AS DUE TO, OR AS IT THE CO. Diabetes Duodenal FOR WHICH OPERATION DATTIAL GASTrect Dridement 21E PLACE OF INJURY (e.g., in home, form, foclory, street, of etc.) 21E INJURY OCCURRED While At No While At Work ded the deceosed from the con April 3, ove. (M (We) (did) (MAXXX) v	mellitus ulcer Only Yes IN CERTIFYING Yes IN OCCUR? 10 10 10 10 10 10 10 10 10 10 10 10 10 1	April 3, 19 70 opinion death occurred on the date
NOTH VIOLEN TO THE VIOLEN THE VIOLEN TO THE VIOLEN THE VIOL	SEASES OR CONDITION I I I I I I I I I I I I I I I I I I I	CAUSES ONS, if ony, use (A) sloling I lost. IONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A). 198. CONDITION WAS PERFORMET. WOUND DE OF net of the condition	giving The (c) Diabetes TING Diabetes TING Diabetes TING Diabetes Diabetes	mellitus ulcer Only Yes IN CERTIFYING YES IN CE	April 3, 19 70 opinion deoth occurred on the dote 238, DATE SIGNED 14/6/70 Boulevard

			1
IMPORTANT	or his assistant if death occurred in a hospital and Also, if the direct or contributing cause of death	any nature; (2) Body burns; (3) A tracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the	; and (6) No physician was in regular attendance on the deceased prior to death. Such sobtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTAN	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made.

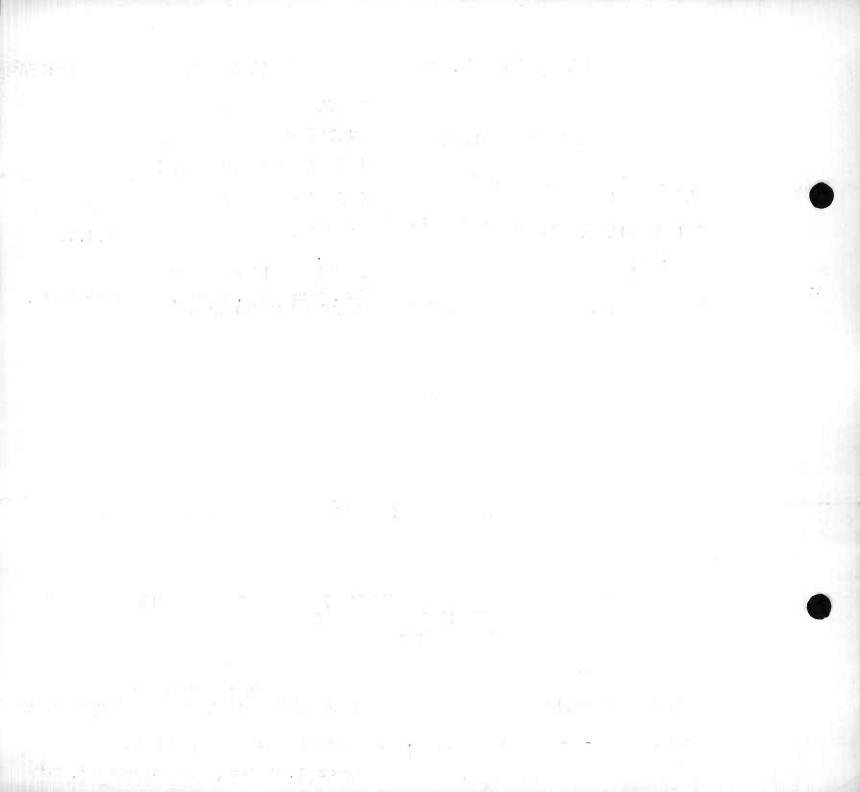
M / M MO OF	BALTIMORE CITY	HEALTH DEPARTMENT	70 2200					
	786 CERTIFICA	TE OF DEATH	REG. NO. 70 3786					
IRTH NO.			NO HOUR OF DEATH					
Type or Print)	Mark	2.0011	Epril 3 70					
B. PLACE IN BALTIMORE, MARYLAND, WHERE PE	RONOUNCED DEAD	4. USUAL RESIDENCE (Whe	deceased lived. If institution; residence before admission					
ULL NAME OF (IF NOT IN HOSPITAL OR I	NICTITUTION CIVE CTREET	Mil	1425					
ULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?					
NSITUTION		Ball	YES NO NO					
000	Ω_{Λ}	E. STREET AND NUMBER	101					
3/16 Northern	Ukeu.	3116 nou	there This					
SEX 6. RACE 7. MAR	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years If Under 1 Yr. If Under 24 H Months: Doys Hours Min.					
	WED DIVORCED	CCT. 30 86	84 0					
OA, USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country) 12. CITIZEN OF WHAT COUNT					
anis	•	12011						
3. FATHER' NAME		14. MOTHER'S MAIDEN NA	ME					
Muhuman		11. 1						
5. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17 DINFORMANT	ADDRESS					
es, no or unknown) (If yes, give wor or doles of ser	SECURITY NO.	12	1 2 0.11					
		Willy Darre	chel 5/16 Northern					
18.412.3	CAUSE OF DEAT	4	APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY	U	11 1	4 1 1 1 1					
LEADING TO DEATH	(A)IMMEDIATE CA	ISE aller iche	Nearly break					
(This does not meon the mode of dying, heart foilure, asthenio, etc. It means the dis		A CONSEQUENCE OF:						
injury ar complication which coused death.)								
ANTECEDENT CAUSES								
DISEASES OR CONDITIONS, if ony,	(B)	A CONSEQUENCE OF:						
rise to the obove couse (A) sloting								
UNDERLYING CONDITION lost,	(C)							
Z II								
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A AUTORGUS (V	all 200 Is yet were stamping continees					
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Boltimore City, give exact location)					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?						
2		215 110 11 515 121	HIRV OCCUP?					
OF INJURY		21F. HOW DID INJ	JUKI OCCUR!					
(APPROX.)	While At Work Not Whi At Work							
22. I certify that (I) (this haspital) atten-	ded the deceased from J	13	1960 to 4-2- 1970					
that (l) (we) last saw the deceased alive		10	nat in(my) (aur) apinion deoth accurred an the d					
and haur and from the causes stated aba	ve. (I) (We) (did) (did nat)	view the bady after death.						
23A. SIGNATURE	Im-	and and and and	23B. DATE SIGNED					
(MAN)	Ath	ending Med. Director	Staff Phys. 4/6/					
	Dhy	s. Director						
23C.PHYSICIAN'S	DEGREE Phy	23D. ADDRESS	1 2 1 ()					
23C. PHYSICIAN'S NAME (Type) SEBASTIA	DEGREE Phy	23D. ADDRESS	touhol Dellat					
NAME (Type) SEBASTIA	N RUSS O	23D. ADDRESS \$ 5017 \$	tolp forfrot					
NAME (Type) SEBASTIA	DEGREE Phy	23D. ADDRESS \$ 5017 \$	CATION (City, town, or county) (Stote)					
NAME (Type) SEGESTIA-	N RUSS O OEGREE ACNAME of CEMETERY OF CR	23D. ADDRESS 5017 EMATORY 24D. 9	DEATION (City, town, or county) (Stote) May Fill Le, Ballo					
NAME (Type) SEGA STIA	N RUSS O OEGREE ACNAME of CEMETERY OF CR	23D. ADDRESS \$ 5017 \$	DEATION (City, town, or county) (Stote) May Fill Le, Ballo					
NAME (Type) SEGESTIA-	N RUSS O	23D. ADDRESS 5017 EMATORY 24D. 9	DEATION (City, town, or county) (Stole					





FUNERAL DIRECTOR: IMPORTANT

M-45	ŏ 70	3788		HEALTH DEPARTMENT TE OF DEAT		70 3788
BIRTH NO. 1. NAME OF DE (Type or Print)					E AND HOUR OF DEAT	TH
2 DI ACE IN DA	MUYLAN	FRAN	K D. SR	API	RIL 7, 1970	10:25A
S. PLACE IN BA	LTIMORE MARYLAND,	WHERE PRON	DUNCED DEAD	A. STATE B. C	(Where deceased lived, If OUNTY	finstitution: residence before admission
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INST	TUTION, GIVE STREET	MARYLAND	BALTO	5300
HOSPITAL OR	ADDRESS OR EOC	A IION		C. CITY OR TOWN	D. 11	NSIDE CITY LIMITS?
11	ST AGNI	ES HOS	PITAL	CATONSVILLE		YES NO
40	100		.a =	E. STREET AND NUMB		E HARMAN AR
S- SEX	6. RACE	J7. 44.455	7	8. DATE OF BIRTH		07
MALE	WHITE	WIDOWEL		10/22/98	9. AGE (In years lost birthdoy) 71	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
done during most of	CUPATION (Give kind of world working life, even if retired)	Brvan	F BUSINESS OR INDUSTRY t Oil Heating	11. BIRTHPLACE (Stale of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
RETIRED	OIL BURNE!		o off nearing	MARYLAND		U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	J.J.A.
J.	YLAN					4.11
5. Wos Deceose	d Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	IGNAN) MOYL	ADDRESS
		es of service)	SECURITY NO.	Mrs. Caroli	ne R. Moylan,	1110 Gregory Ave.
YES 18. // 2	W.W.1		212032768 CAUSE OF DEATH	SI AGNES F	OSPITAL RE	CORDS
DISEASES	nol meon the mode of a state of the course o	the disease death.) any, giving stating the	DISEMI (B) DUE TO, OR AS (C) A dem	A CONSEQUENCE OF: NA TED C. A CONSEQUENCE OF: Co Left	funz -	v sis
TO THE DEA	TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 179R CON WAS PER	HE TERMINAL IT I (A).		20A. AUTOPSY? (Yes	or No. 208 IF YES WER	E FINDINGS CONSIDERED
1				NO		AUSES OF DEATH?
DEATH (notify	NT WAS UNDERLYING UTING CAUSE OF medical examiner	211 hor eld	RPLACE OF INJURY (e.g., in ne, form, foctory, street, off	or obout 21C, WHERE DI	D (if In Bolilm R?	ore City, give exoct lacotion)
21 D. TIME OF INJURY	(Month) (Doy) (Yearl	(Hour) 211	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)		w	nile Al Not While			
22 1 116	1 ()6 (-1 - 1 1 1		Al Work		70	
5.0			he deceased from MA		19 <u>70_taA</u>	PRIL / 19 70
	last saw the decease		,			pinian death accurred on the date
and havr an	d fram the causes sta	ed abave.	() (Me) (q1q) (q1q/ j/(ot) vi	ew the bady after dea	th.	
23A. SIGNATU	. /	7				23 B. DATE SIGNED
all	y acceder 6	rujes	DEGREE Phys.	ding Med.	Shaff Phys.	
23C. PHYSICH	KN'S	/	D. GHLE	3D. ADDRESS		VD 21220
	ANDRO MEJIA			ST AGNES II		MD 21229
AA BURIAL CRE	MATION, 248, DATE Specily)	24C.N	AME OF CEMETERY OF CRE			City, town, or county) (Stotel
Buria1	4-10-19	70 Ba 1	timore Nationa	1 Cemetery	Baltimore, M	arvland
SA. DATE REC'D	1971 Robert E	TO NAME	OM INISTRAR	25C, FUNERAL DIREC	TOR	ADDRESS
APR 1 U	13/1 Appen -	-				Wilkens Ave. 21229
1 100 DELC 1/1/	7/0					



DIRECTOR:

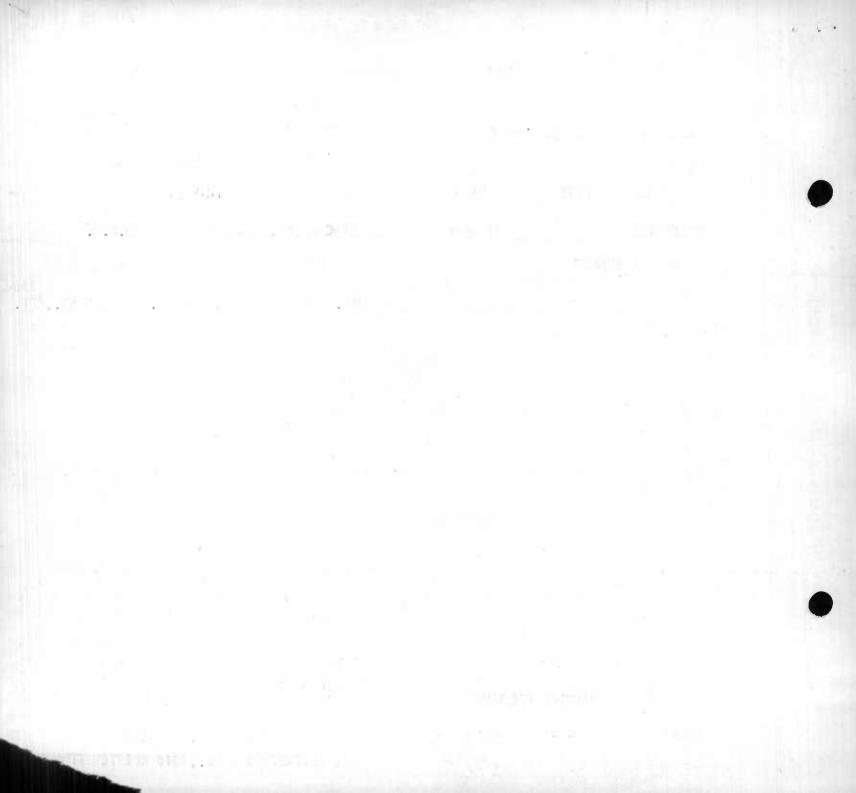
FUNERAL

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VS 150-REV. 1/1/6B

FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT	01100
70 3790 CERTIFICATE OF DEATH REG. NO. 70	3/30
1. NAME OF DECEASED (Type or Print) (Type or Print) (Type or Print)	839/A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; ros	idence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN; D. INSIDE CITY LIM	2730
PLEASANT MANOR NURSING HOME Balto YES TELESTREET AND NUMBER	NO 🗌
90 3321 Clarks Lane	V 16.11
FEMALE 1 HITE WIDOWEXXXX DIVORCED DATE OF BIRTH 9. AGE (In years lost birthday) 17, 1900 17, 1900 1000 17, 1900 1900	T Yr. If Under 24 Hrs. Days Hours Min.
A	N OF WHAT COUNTRY
HOUSEWIFE AT HOME WINCHESTER, VIRGINIA U.S	. A.
13. FATHER'S NAME	
SENDER FEINBERG KATIE ?	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) NO 16. SOCIAL SECURITY NO.	ADDRESS 110
MKS. FLURINE MACKS, 4000 N. CHAK	LES ST. APT.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
(This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES art sel CV+CNS derease	5 yr
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C).	
	1
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	3 days -
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS OF DI 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give	CONSIDERED EATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While	
OF INJURY (APPROX.) While At Not While At Work	1
22. 1 certify that (1) (this hospital) attended the deceased from 3/2 1964 to 4	16 19 JD
that (1) (we) last sow the deceased alive on 19.70 and that in (my) (our) apinion death	occurred on the date
and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.	
23A. SIGNATURE Manue Fildman DEGREE Attending Med. Shaff Director Phys. 4/	6/70
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	y BIM
MAURICE FELDMAN DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or	county) (State)
REMOVAL (Specify)	
BURIAL 4-7-70 ANSHE EMUNAH 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR	ADDRESS
SOL LEVINSON & BROS., 6010 REIST	



IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

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THE PROPERTY OF STREET AND STREET AND STREET AND STREET AND STREET AND STREET AND STREET, AND STREET,

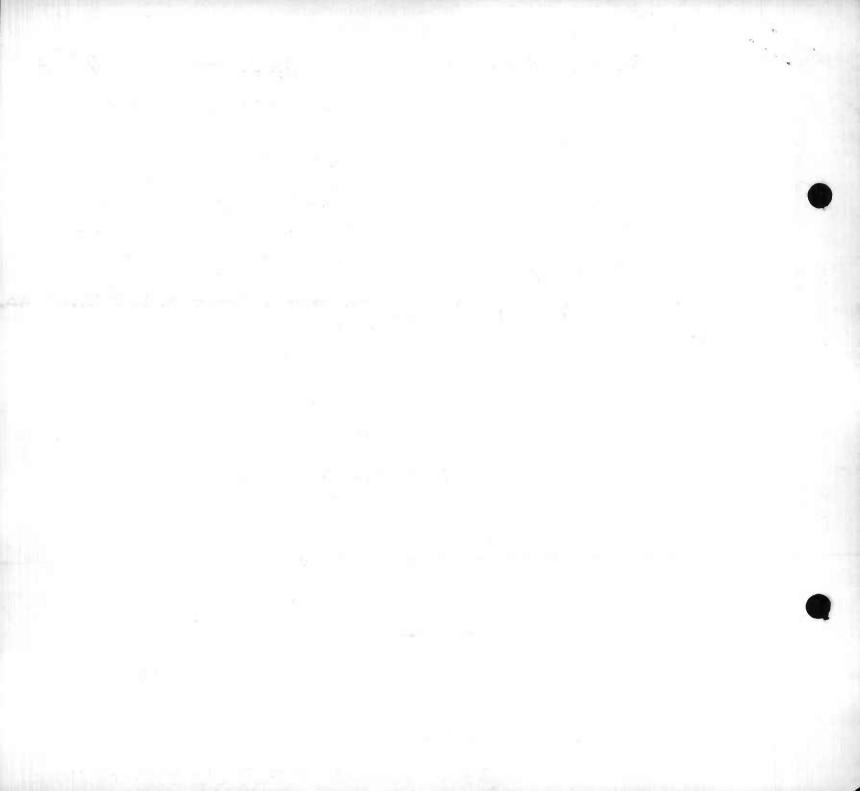
DIRECTOR:

VS 150-REV. 1/1/68



R-242 70 378 MEDIC		CERTIFICATE OF DEATH REG.	No. 70 3793
I. NAME OF DECEASED (Type or Print) LEON RYCHWA	LSKI	2. DATE Known Month Doy OF Estimated	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHE FULL NAME OF HOSPITAL OR INSTITUTION 4. PLACE IN BALTIMORE, MARYLAND, WHE FULL NAME OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	3. DATE Month Doy PRONOUNCED DEAD April 7,197	70 Yeor Hour A 6:24 A.
CITY HOSPITAL (D	00A)	5. USUAL RESIDENCE (Where deceased lived, If Institute A. STATE Maryland B. COUN	2636
36 9	MARRIED NEVER MARRIED	C. CITY OR TOWN Baltimore D. INSIE	DE CITY LIMITS?
9. DATE OF BIRTH Nov 24-1923 10. AGE (In yellost birthdoy) 4	DIVORCED DIVORCED DIVORCED DORS F Under 1 Yr. II Under 24 Hrs. Monihs Days Hours Min.		YES NO
Baltimore Md	12. CITIZEN OF WHAT COUNTRY?	Phillip Rychwalski	
I4A.USUAL OCCUPATION (Give kind of work I 48. done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	Josephine Lemki	
16. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no or unknown) (II yes, give wor or dotes of so yes	ORCES? 17. SOCIAL SECURITY NO.	Margaret Rychwalski 6703	ADDRESS O'Donnell Street
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONT OTHER DEATH BUT NOT BELLATED TO THE	VING (8) Ruptur	as a consequence of: as a consequence of:	
DISEASE OR CONDITION GIVEN IN PART	TERMINAL		
20A. DATE OF OPERATION 20B. CONDIT			21. AUTOPSY? (Yes or No) yes
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	home, farm, factory, street, affici		e exact location)
OF INJURY (APPROX.)	(Hour) 22E.INJURY OCCURRED. WHILE AT WORK AT W	WHILE 22F. HOW DID INJURY OCCUR?	
i certify that I held an Inquiresulted fram: Natural causes ACTUAL SIGNATURE EXAMINER'S Werner U.	Accident Suicid	outy CHIEF MEDICAL EXAMINER	
NAME (Type)	V	OF CREMATORY INC. LOCATION IN	
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 4-9-1970	Oak Lawn Ceme		town, or county) (Stote)

VS 150-REV. 1/1/68



VS 150-REV, 1/1/6B



11 1100	10	3/30	BALTIMORE CITY HE	ALTH DEPA	RTMENT				
IH- 400	MED	ICAL	EXAMINER'S	FRTIFI	CATE OF	DEAT	'н	70	3796
BIRTH NO.	74122	ICAL		- LIXIIII	CAILOI	DLA	REG. NO.	./ 0	2100
1. NAME OF DECE	ASED			2. DATE	Known	Month	Doy	Yeor	Hour
(Type or Print)	JAMES M.	HOLLAW	IAY	OF DEATH	Estimoted				M.
4. PLACE IN BALTI	MORE, MARYLAND, V			3. DATE		Month	Doy	Yeor	Hour M.
FULL NAME OF HOSPITAL	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	PRONO	UNCED DEAD	/1	r	1970	8:30 Am.
OR INSTITUTION	ADDRESS OR LOCA	illoly,		5. USUAL R	ESIDENCE (Where	-	ived. If Institution		
3 3 Johns	Hopkins Hos	nital		A. STATE	Md.		B. COUNTY	8	06
	7. RACE	_	NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?	00
Male	Nooro								
9. DATE OF BIRTH	Negro	WIDOWE	Under 1 Yr. If Under 24 Hrs.		Balto.		Y	ES X I	10 L
,,	losi birthdo	y) M	onths Doys Hours Min.	E. SIREE!	AIND INOMBER				
TI PIOTUDI ACEICI			CITITION		O N. Wash	ington	St.		
II. BIRITIPLACE(SIG	ote or foreign country)	12	. CITIZEN OF WHAT COUNTRY?	13. FATHER	S NAME				
1381:00	, Md,		71.5,A.	Fred	1 He	1/RW	3V		
done during most of wo	ATION (Give kind of work irking life, even if retired)	14B. KIND C	F BUSINESS'OR INDUSTR	13. MOTHE	R'S MAIDEN NA	WE			
11/1/19 32	10			Rut	-1 GP2	PSR			
16. WAS DECEASED	D EVER IN U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFOR	MANT		A	DDRESS	7170
NO OR	i yes, give wor or doles	or service)	2/2-5%-	P. +4	Buttollau	12.11	10 N. W/2	china	CALDIN CL
19. 2 A EL	4		CAUSE OF DEA	TH	E//VIII	COLLET	CIN WA	APF	PROXIMATE INTERVAL
307								BETWI	EEN ONSET AND DEATH
	OR CONDITION DIRE	CILY		T	ntravenou	s narc	otism		
(This does not	mean the made of dy	ing, e.g.,	(A) IMMEDIATE O	AS A CONSEQ					
heort failure, a	osthenia, etc. It means the dication which coused de	diseose,	502 10, 011	TO A CONSEQ	OLIVEL OI,				
	TECEDENT CAUSES		(B)						
RISE TO THE	R CONDITIONS, IF ANY ABOVE CAUSE (A) STA	GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
Z UNDERLYING	G CONDITION LAST.		(c)						
OTHER SIGNIF TO THE DEAT DISEASE OR C	11								
OTHER SIGNIF	FICANT CONDITIONS CO							100	*
DISEASE OR C	ONDITION GIVEN IN PA	ART 1 (A).	***************************************						
20A. DATE OF	OPERATION 208. COL	NDITION FO	R WHICH OPERATION W	S PERFORM	ED			21. AUTOF	SY? (Yes or No)
0 2									yes
ZZA. EXTERN	AL CAUSE WAS	22	B. PLACE OF INJURY (e.g.,	in or obout 2	2C. WHERE DID	(if In Boltimo	re City, give exc		усэ
UNDERLYING DE CAU	OR CONTRIB-	ho	me, form, foctory, sireel, office	e bldg., eic.) ll	NJURY OCCUR?				
2 22D. TIME (M	tonth) (Doy) (Year) (Hour)	22E. INJURY OCCURRED	2	2F. HOWDID IN	JURY OCC	UR?		
OF INJURY (APPROX.)			WHILE AT NOT	WHILE					
23.		m.	WORK LAT W	ORK L					
	v that I held an I	nauiry 🗍	Inspection Au	toney X	and that an t	hie kaele	don'th In my	calaion	
								_	
resulte	d fram: Natural cau	565 VY	Accident Suicid				ned manner	_	
ACTUAL	9	10/			CHIEF MEDICAL I		X	- 1	DATE SIGNED
SIGNATUR	(E	400	Mre M.D	. ASSI	STANT MEDICAL	EXAMINER			
EXAMINER				ASSO	CIATE MEDICAL	EXAMINER			
NAME (Ty			Fisher, M.D.						-6-70
24A. BURIAL CREMA	ATION, 248. DATE		24C. NAME of CEMETERY	ar CREMATO	RY 24D.	LOCATION	(City, low	, or county)	(Stote)
Burin	1 11-10	70	(2nvan)	MPM L	BAK L	2.11	nel 1	nt.	
25A. DATE REC'D 8	Y HEALTH DEPT.	258_NA	AE OF REGISTRAR	25 C	UNERAL DIRECT	OR	A	DDRESS	
10010	1070 P.R. B	8. Jane	er, KB	0	. d. O. A.	100	70:0	-0	mn) (
PLKIO	13/0 3300		1	010	THE THE	to the	LICEDA	31611	NICKEDA
VS 151-REV. 7/1/68									

Letter from M.E.'s office 5-19-70 M.H.

V.S. 153 4-20-70 M.H.

-11

BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

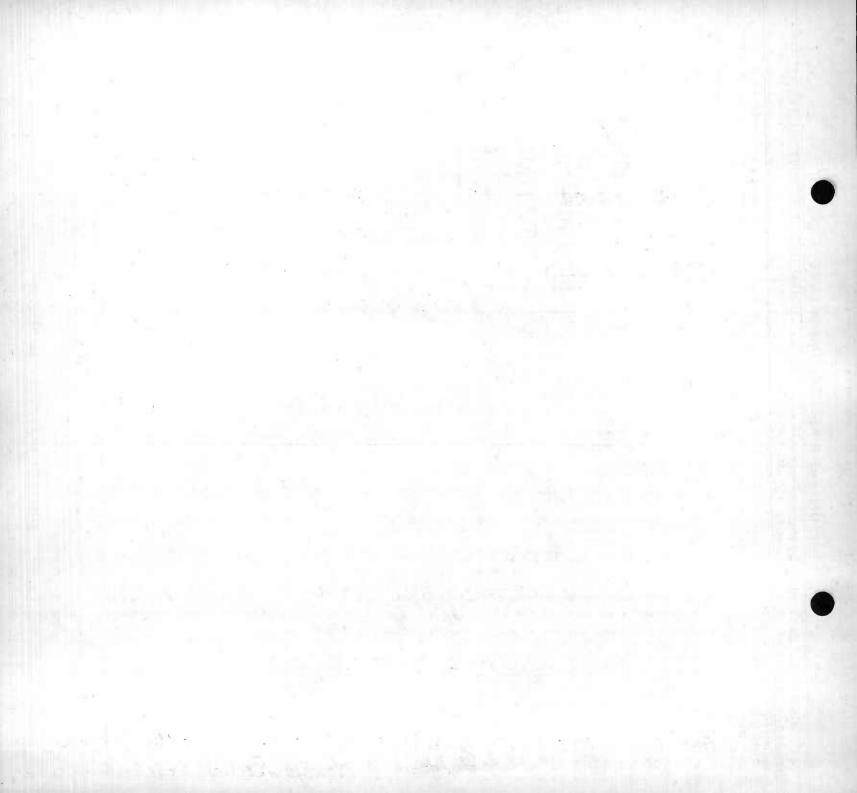
REG. NO.

NO

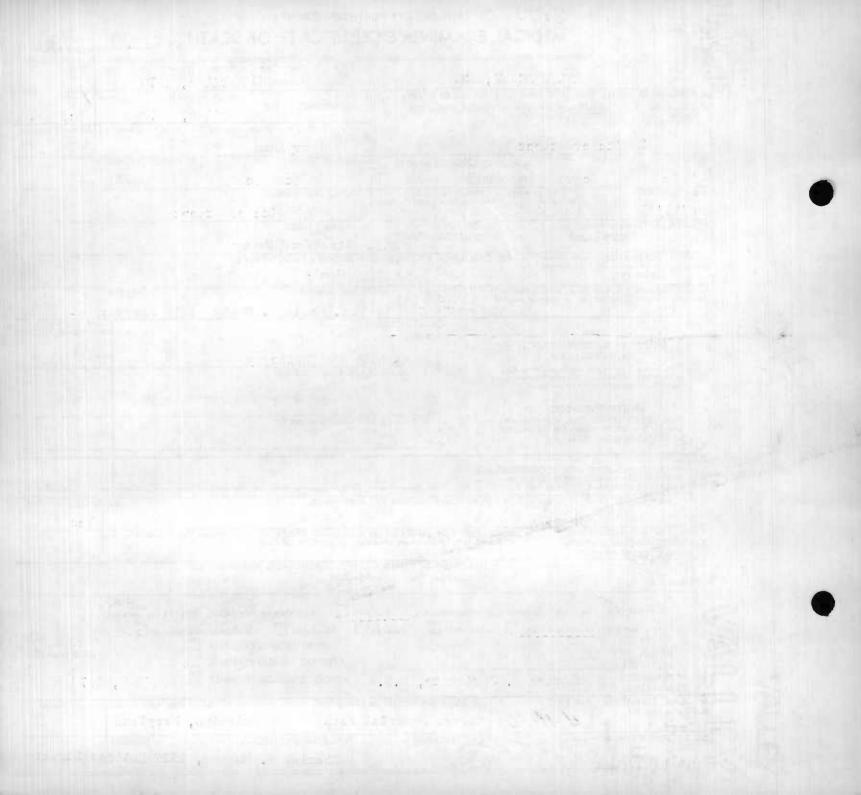
Hours

BETWEEN ONSET AND DEATH

If Under 24 Hrs.



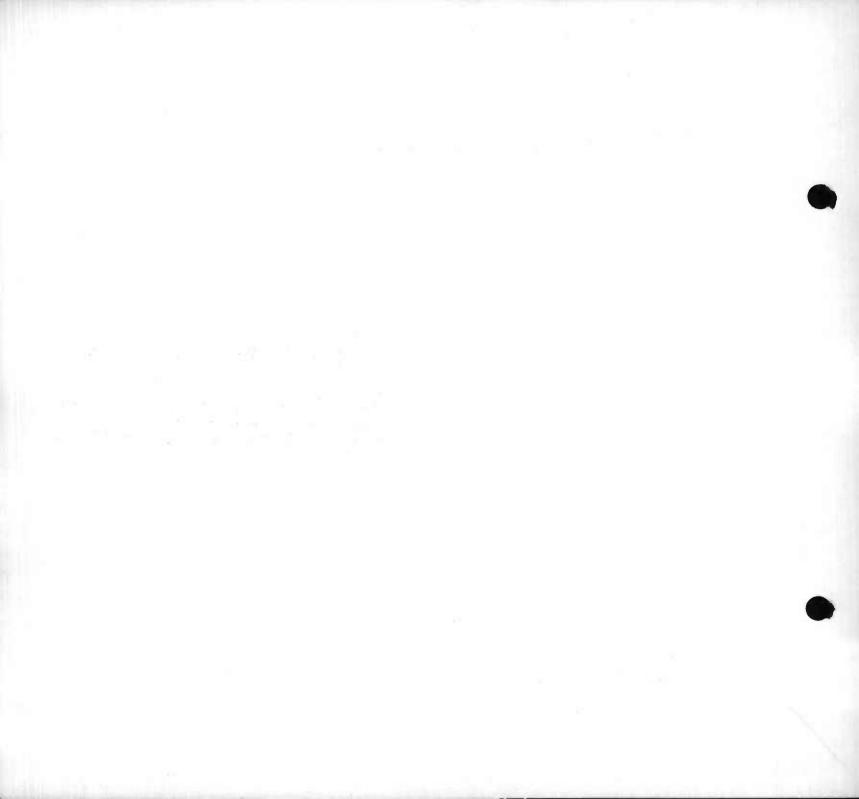
1	V-100	70	37			ALTIMORE CITY HE						
1	1-100		MEI	DICA	L EXA	AMINER'S	CERTIF	CATE C	F DEAT	TH	70	2790
-	RTH NO.									KEG. NO.		3700
	NAME OF DEC	EASED	DATDU	MET.TO	z en		2. DATE	Known 🖾	Month	Doy	Year	Hour
	PLACE IN BAL	TIMODE M	RALPH				DEATH	Estimoted				M
FUI	L NAME OF SPITAL INSTITUTION	(IF N	OT IN HOSPIT RESS OR LOCA	AL OR INS				UNCED DEAD		8, 1970		6:50 P. M
	7						5. USUAL I	RESIDENCE (W	here deceased I	lived. If Institution B. COUNTY	n: residence	before odmission)
0			er Stre					Marylan	d		/	402
	SEX	7. RACE		8. MARI	RIED ETA	NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE C	ITY LIMITS?	
	Male		egro	WIDO		DIVORCED [Baltimo		Y	ES	NO 🗌
	ATE OF BIRT	4	lost birthde	n years	If Under Months	1 Yr. If Under 24 Hrs. Days, Hours, Min.	E. STREET	AND NUMBER				
	6/15/35		34					602 Pit	cher St	reet		
11.	BIRTHPLACE (S	tote or fore Maryla			12. CITIZ	EN OF	13. FATHER	'S NAME				
						U.S	S. Stra	atford Ne	ewby			
14A done	USUAL OCCU	PATION (GI	ve kind of work	14B. KINI	OF BUS	INESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN N	AME			1.0
	Labo	rer					Hor	nly				
16. Ye:	WAS DECEASI	D EVER IN	U.S. ARME	FORCE	5? 17.	SOCIAL SECURITY NO	18. INFOR	MANT		A	DDRESS	
	NO NO				21	SECURITY NO. 5 - 28 - 6789	Mrs.	Marie E.	Newby	1510 Pr	resser	Ct. 21217
	19.	9 1				CAUSE OF DEA					A	PPROXIMATE INTERVAL
	DISEAS	OR CON	DITION DIRE	CTLY							DET	WEEN ONSE! AND DEA!!
		EADING T				(A)IMMEDIATE	PALICE	Epilep	sv			
	(This does no	osthenio, et	mode of di	Ing, e.g.,		DUE TO, OR	AS A CONSEC					
	Injury or con	plication wh	ich coused de	oth.)				(W)				
	A)	TECEDEN	CAUSES			(a)						
			IONS, IF AN	, GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:				
	UNDERLYIN	G CONDI	NON LAST.	TING THE		(a)						
Ó						(c)						
CERTIFICATION	TO THE DEA	TH BUT NO	II ONDITIONS C IT RELATED TO	THE TERM	INAL							
	DISEASE OR	CONDMON	4 GIVEN IN P	ART 1 (A)								
띘	A)	OPERATIO	M 208. COI	NOMIDA	FOR WHI	CH OPERATION WA	AS PERFORM	IED			21. AUTC	OPSY? (Yes or No)
- 5	22A. EXTER											Yes
EDIC	UNDERLYING UTING CA		TRIB-		home, for	E OF INJURY(e.g., m, lactory, street, office	in or obout 2 bldg., etc.) I	NURY OCCUR	O (If In Boltimo	re City, give exc	ict location)	
	OF INJURY	Month) (Doy) (Year	r) (Hou	r) 22E.II	UUM OCCURRED.	2	2F. HOW DID	NJURY OCC	UR?		
	(APPROX.)				m. WHILE	AT NOT	WHILE ORK					
	23.											
		fy that I l		nquiry	Ins	spection Au	opsy X	and that on	this basis,	death In my	opinion	
	result	ed from: 1	Natural cau	ses X	Accid	lent Suicid	le 🔲 Ho	micide 🔲	Undetermi	ned manner		
	0.07(1)01	1	1 .	()	1)	1_0		CHIEF MEDICA	L EXAMINER			D.100 0101110
	SIGNATU	RE L	inll	0.4	X	Tale MD	ASSI	STANT MEDICA	L EXAMINER			DATE SIGNED
	EXAMINE NAME (T	R'S	Charle	s S.	Sprin	ngate, M.D.	•	CIATE MEDICA	L EXAMINER	□ Apri	1 9, 1	L970
24A	BURIAL CREM	ATION,	248. DATE		24C. N.	AME of CEMETERY	or CREMATO	RY 24	D. LOCATION	(City, town	, or county) (Stote)
VEU		/	4-11	-70	Car	ver Memoria	al Park		Muirkir	d, Mary	Land	
25 A	Burial DATE REC'D	Y HEALTH	DEPT.	25B. N	AME OF	REGISTRAR	25C 1	UNERAL DIREC			DDRESS	
	- 4		Bul E	DO - 480	100 22							s Street
A	PR 101	1/1	يه المالية المالية	Aspen	343	W. ()	Ch	artes E	nugnes	, 1337 I	TOTTIN	s Street
A 25	DI-WEA:- 1/1/98						-					



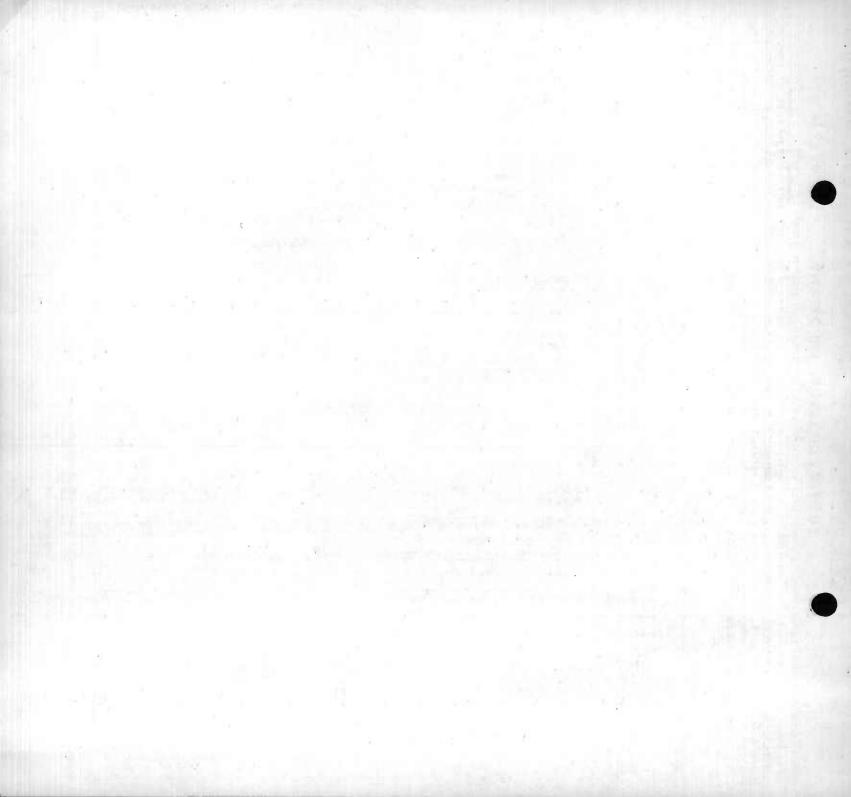
IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

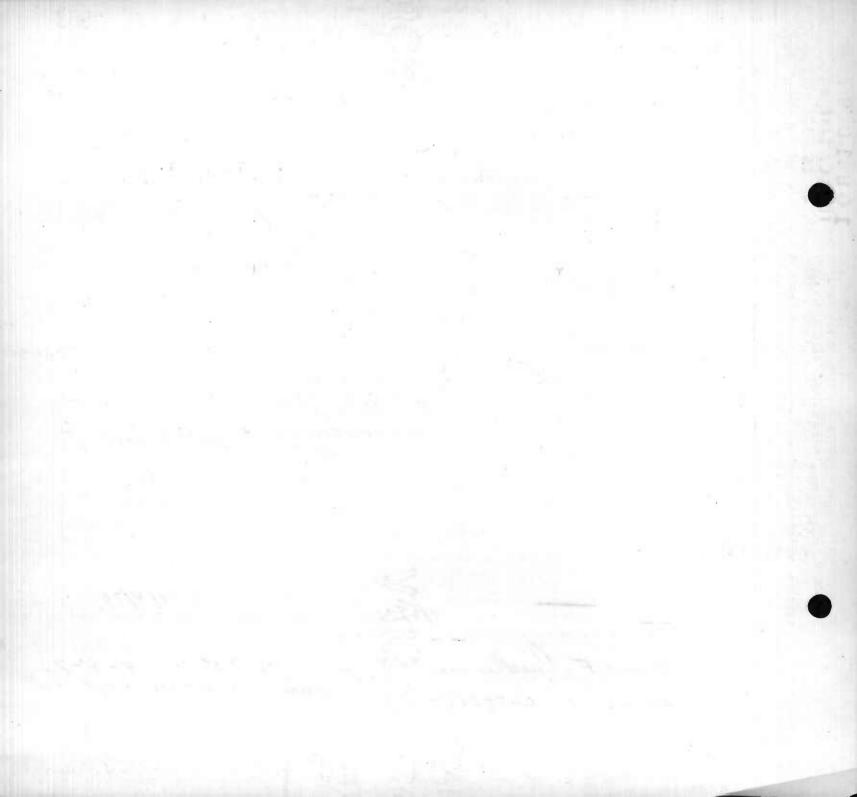
D. INSIDE CITY LIMITS? YES 4 NO If Under 1 Yt. Months! Doys Il Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH 208, IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) opinion death occurred on the date (City, town, or county) (Stotel Halstead 1206 W orth



4-65	6 50		TY HEALTH DEPARTMENT	U 3891
BIRTH NO.	70	3801 CERTIFIC	ATE OF DEATH REG. NO.	3002
Type or Print)	ALIC	E BROWN	2. DATE AND HOUR OF DEATH	
. PLACE IN BA	LTIMORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institut	ion: residence before odmiss
FULL NAME OF HOSPITAL OR NSTITUTION		AL OR INSTITUTION, GIVE STREET	Maryland C. CHY ORIOWN Baltimore D. INSIDE C	1752
1024	Stoddard C	ourt	E. STREET AND NUMBER 1024 Stoddard Court	
SEX	6. RACE	7. MARRIED NEYER MARRIED	1 B. DATE OF BIRTH 9. AGE (In years III	Under 1 Yr., If Under 24
F	C	WIDOWED	1898 lost birthay	onths Doys Hours Mi
one duri Dom e	SUPATION (Give kind of work		Baltimore , Maryland	CITIZEN OF WHAT COUP
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME	
			Commic Dill-	
. Wos Deceosed	Ever in U. S. Armed Ford	es? 16. SOCIAL	Carrie Bibbs	ADDRESS
es, no or unknow	(If yes, give wor or date	s of service) SECURITY NO. 214-30-637		
18. / /		CAUSE OF DEA		
defect od	SE OR CONDITION DIR			BETWEEN ONSET AND D
DISEA	LEADING TO DEATH		HACCUA	Years
	nat meen the made at		AUSE HASCVD	120703
	asthenia, etc. It means	The diseose,		
	ANTECEDENT CAUSES			
	OR CONDITIONS, if	(B)	AS A CONSEQUENCE OF:	
	e abave cause (A)		/ CONSEQUENCE OF.	
UNDERLYIN	G CONDITION last.	(c)		
z	11		A	
	FICANT CONDITIONS CONTINUES TO THE	NTRIBUTING IE TERMINAL	e suntilion	
	ONDITION GIVEN IN PART	1 (A). DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND	NG CONTIDERED
	WAS PERF		IN CERTIFYING CAUSES	OF DEATH?
21A. ACCIDE	NT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID (If In Boltimore City	r, give exoct location)
	UTING CAUSE OF	home, farm, foctory, street, etc.)	office bldg., INJURY OCCUR?	y give exect to condity
21 D. TIME	(Month) (Day) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	Tricinii (Day) (166)	While At Not W		
(APPROX.)		Work At Wor	ik Li	
22. 1 certify	that (1) (this hospital)	ottended the deceased from	19to	27 - 197
that (I) (we)	Lost sow the decease	dolle on Darch -	27 19 20 ond that In(my) (our) opinion	deoth occurred on the
ond hour on	d from the couses state	ed obove. (1) (We) (did)-(did not)		
23A. SIGNATU				DATE SIGNED
	D. C.	18 A		4-9-70
23C PHYSIA	IN young	GEGREE PI	195. Director Phys. 193D, ADDRESS	7-1-10
NAME (T				Dont -
A	VGEL S	DEGRE	301 Mc MecHen X	- yallo - Mo
4A. BURIAL CRE REMOVAL (24C. NAME of CEMETERY or C		wn, or county) (Stat
Buria	- 1 1	O MT Auburn Ce	Baltimore M	
	7/20//	25B. NAME OF REGISTRAR	25c. Add phus Halstead 120	16 INTADORESSALL
APRIO	1970 20.88	Ja O 20 8	Addrains Marscead IX	or w or cn
5 150-REV. 1/1/	68	1.0000		



BALTIMOR	RE CITY HEALTH DEPARTMENT
70 3803 CERTIF	FICATE OF DEATH REG. NO. 70 3803
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
(Type or Print) SARA TEAGLE	4-8-70 Z:30 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where decosed lived, If institution; residence before admission)
	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE	MARYLAND X 43
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE HOSPITAL OR INSTITUTION, GIVE STRE ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
at a second to	
JUHNS HOPKINS HOSPITH	BALTIMORE YES NO L
2 3	E. SIKEET AND NOMBER
	1215 N. POTOMAC ST.
SEX 6. RACE 7. MARRIED NEVER MARRI	1215 N. POTOMAC ST. ED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Iost birthdoy Min. Months; Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IN	, // () .
January Col. (Ver Commit retired)	ty South Carolina U.S.a.
7 00000	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
M M	NECLE BURNS
MATTHEW MOODY	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS
JECOKIII NO	Charles V. Teogle 12151 Petoma It.
Ne	- Markey. Layer distributes.
18. 2 8 2 5 CAUSE OF	DEATH J APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
	ATECAUSE CHRONIC RENAL DISEASE 7-YEARS
(This does not mean the mode of dying, e.g., (A)IMMEDI	ORAS A CONSEQUENCE OF: UREMIA SECONDARY
	TO R. RENAL VEIN THROW BOSIS
injury or complication which caused death.)	M. MEIORE OF TO THE OF
ANTECEDENT CAUSES	CKLE CELL TRAIT -
DISEASES OR CONDITIONS, if ony, giving DUE TO	OR AS A CONSEQUENCE OF:
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
UNDERLYING CONDITION lost. (C) 14 Y	NERTENSION CONGESTIVE -
	HEARTPRILOTE
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
d DISEASE OR CONDITION GIVEN IN PART 1 (A).	
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	Y ES
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUR	(Y (e.g., in or obdut 21C. WHERE DID (If in Boltimore City, give exect location)
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUR home, form, factory, setc.)	treet, office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	
21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCUR	ZED 21F. HOW DID INJURY OCCUR?
While At Walt	lat White
(A PPROX.)	lot While
22. I certify that (1) (this hospital) attended the deceased fra	m, 19 to 4/8/70 19 ,
	/
that (1) (we) last sow the deceased alive on 4/8	70 19 and that in(my) (our) opinion deoth occurred on the date
and hour and fram the couses stoted obave. (1) (We) (did) (did	
23A. SIGNATURE	23 B, DATE SIGNED
Jaime F. Casellas inp	Attending Med. Staff Phys. Director Phys. 9-70
DEG!	23D ADDRESS
22C, HYSICIAN'S NAME (Type)	JOHNS HOPKINS HOSPITAL
JAIME F. CASELLAS	
24A. BURIAL CREMATION, 24B., DATE / 24C, NAME of CEMETER	OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	to The A state of the state of
(1410) 4/11/16 Sarrior	Them theel January
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS
APR 1 0 1970 W.B. E. Jaiber M.D.	25C. FUNERAL DIRECTOR Elicten (129 M. Carshe &
APRILITIES IN STATE OF THE STAT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
111 11 7 0 1010	The control of the control of



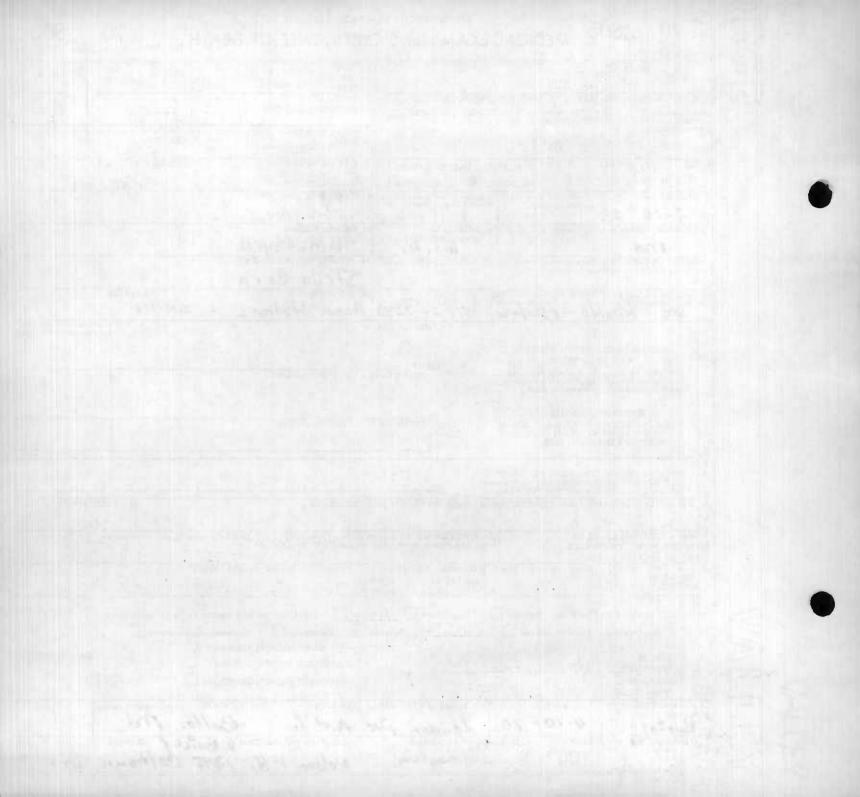
A535 1

D . (A N 70 3804 BALTIMORE CITY HE.	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG, NO. 70 3804
I, NAME OF DECEASED (STANISLAUS ANTHONY)	2. DATE Known X Month Doy Year Hour
(Type or Print) JAMES JOHN BLUSIEWICZ	OF DEATH Estimoted April 8, 1970 2:05 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION OR INSTITUTION	PRONOUNCED DEAD April 8, 1970 2:05 P. M. 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
43 South Baltimore General Hospital	A STATE Maryland 21224 2605
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10.AGE (In years last birthdoy) MAR 18 1918 10.AGE (In years Months, Days, Hours, Min.	E. STREET AND NUMBER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland WHAT COUNTRY?	Anthony Blusiewicz
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired)	
Driver Taxicab 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	Genevieve Majewska III. INFORMANT ADDRESS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) NO N.A. 17. SOCIAL SECURITY NO. 216-10-4242	7-74 0704
19. CAUSE OF DEA'	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Arterioso	clerotic cardiovascular disease
LEADING TO DEATH (A)IMMEDIATE C	
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. ii means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
C) (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
	Yes
UNDERLYING OR CONTRIB. home, form, factory, street, office	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT WORK AT W	WHILE ORK
23.	
I certify that I held an Inquiry Inspection Au	
resulted from: Natural causes Accident Suicid	
ACTUAL (/ /)	CHIEF MEDICAL EXAMINER L
SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER April 9, 1970
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, lown, or county) (State)
Rurial April 13, 1970 Holy Rosa	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS .
MERI R 1970 P.C. A. James 142	Wm. Fialkowski, 2007 Eastern A.e. 31 Zone
VS 151-REV. 1/1/68	

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BALTIMORE	CITY	MEALTH	DEDARTAGE	NIT

	MO	2005				BALTIMORE CITY HE	ALTH DEPA	RTMENT				biller		- 0	0-
	70	3805	MED	ICAL	. EX	CAMINER'S	ERTIFIC	CATE	OF D	EATH	1	7	J	38	U5
BI	RTH NO.										REG. N	0			
1.	NAME OF D	ECEASED	F				2. DATE	Known		Month	Doy	Ye	ar	Hour	
(Ту	pe or Print)	ALBERT	BYRD				OF DEATH	Estimoted	d 🗆						
4.	PLACE IN B			HERE PR	ONO	UNCED DEAD	3. DATE			Month	Day	Ye	ar	Haur	
	LL NAME OF					N, GIVE STREET	PRONOI	JNCED DEA	ID.			^		1 -	C7 A
	SPITAL	ADDR	ESS OR LOCA	TION)			- 445			pril				/ :	31 B
OR	L//	T IITTED A	M HOCD	TOTAT			5. USUAL R A. STATE			eceosed live	. COUNT	tion: reside Y	nce b	elore odm	ission)
L	70	LUTHERA	N HUSP.	LIAL				Mary1a	and				/	00	de
6.	SEX	7. RACE		8. MARR	HED [NEVER MARRIED	C. CITY OR	TOWN			D. INSIDE	CITY LIMI	TS?		
	Male	Negr	0	WIDOV	VED [DIVORCED [Ba1t	imore				YES Z		100	
9.	DATE OF BIR	RTH	10.AGE (In	yeors	If Un	der 1 Yr. If Under 24 Hrs.	E. STREET	ND NUMB	BER						
	2-16	- 22	last birthda	+6	Monti	1 I I I	2015	W. No	rth A	venue					
11.		(State or forei	an country)		12. C	ITIZEN OF	13. FATHER			VCIIC					
		1				HAT, COUNTRY?	11/	n B	und						
1.44	IN OCC		a brad at a sail	LAR MINIT	OF	USINESS OR INDUSTRY	115 MOTUE	D'S MAINEN	NAME					_	
don	e during most	working life, e	ven frettred)	140. KIIAL	OFE	OSINESS OR INDUSTR	S I	11 1							
				-			116		rea						
		SED EVER IN				SECURITY NO.	18. INFOR	MANT				ADDRES:	5		
1.0	MEG	(If yes, give	5 - 8/2			577-24-7233	ANNA	Holi	MES	-	SAN	75			
	19.	2 / 2		7.0		CAUSE OF DEA	TH					· .		ROXIMATE	
	6	7 / - 1 1	7			Droumie							BETWI	EEN ONSET	AND DEA
	DISE	SE OR CONT		CTLY		Drownin	ıg								
	(This days	not mean the		lan an		(A)IMMEDIATE C									
L	heart folly	re, asthenia, ét	c. It means the	disease,		DUE 10, OK	S A CONSEQ	UENCE OF:							
F	Injury or c	omplication wh	ich coused dec	alh.)											
		ANTECEDENT	CAUSES			(R)									
		OR CONDIT		, GIVING	,	DUE TO, OR	AS A CONSE	QUENCE OF	:						
	RISE TO T	HE ABOVE CA	AUSE (A) STA' NON LAST.	TING THE											
2						(c)									•
CERTIFICATION			fl												
O	TO THE D	SNIFICANT CO	T RELATED TO	THE TERM	IING	Epileps	У								
뜯	DISEASE	OR CONDITION	GIVEN IN P	ART 1 (A)	•										
8	20A. DATE	of operatio	N 208. CO	NOMIDA	FOR	WHICH OPERATION W	S PERFORM	IED				21. A	UTO	PSY? (Yes	or No)
ျပ	12,												ye	S	
Ι₹	22A. EXTE	RNAL CAUSE	WAS		228.P	LACE OF INJURY (e.g.,	In or obout 2	2C. WHERE	DID (II	n Baltimore	City, give	exact locati		110	2 11
EDIC		IGEOR CON			home,	LACE OF INJURY (e.g., form, foctory, street, office HOME	bldg., etc.)	NJURY OCC	CUR?	2015	T 37-	.1. A		10	0.2
W	22D. TIME	(Month)	Day) (Year	r) (Hou		E.INJURY OCCURRED	101.	Bathtub 2F. HOW D	<u> </u>	2010	M TAO	rtn Ay	<u>zen</u>	ue	
П	IOE (MILLIPY		To the				hause !								
	(APPROX.)	4-/-/0	A'.M.		m. W	ORK L AT W	ORK X	Subject	t dro	wned	in bat	thtub			
	23.				7		173								
	l ce	ertify that I i	held on I	nquiry L		InspectionAu	top sy	ond that	t on this	basis, c	leath in r	ny opinie	m		
	resi	ulted from	Notural cou	ses 🗌	A	cident 2 Sufcfe	le 🔲 He	micide	Ur	determin	ed monne	er .			
		114	1/10	Λ	(eputy	CHIEF MEDI	ICAL EXA	MINER	X				
	ACTU	-	USALL	111		711	ASS	STANT MED	CAL EXA	MINER !	7			DATE SIG	SNED
	SIGNA	7.0	0 10	1	-	M.D	•				_	4/7	17	0	
-	EXAMI		erner U	T Sn	ita	Mn	ASSC	CIATE MED	ICAL EXA	AMINEK I		4//	//	U	
24	A. BURIAL CR		248. DATE	, sp.		C. NAME of CEMETERY	or CREMATO	ORY	24D. IC	CATION	(City to	own, or co	unty)	15	tote)
	MOVAL (Sp.							/	1	011	1	21	,	10	,
	Buria	1 1	4-10.	-70		Loudon Pi	t. NA		1	SAIT	c. /	16			
25	A. DATE REC	D BY HEALTH	DEPT.			OF REGISTRAR	25C.	FUNERAL D	IRECTOR	U. BA	PLEY	ADDRES	5	1199	
	Λ	DD 10	1970	Se la	23	Farber MA	1 12.1	0.00	- N	1241	000	lhou	0	51	
-	- +	ILUTO	1010				Kel	30N . T.	14,	1914	Cul	1104	"	OT	-
VS	151-REV. 1/1,	168	140	11											
		4													



	V-614 70 0000	BALTIMORE CITY	HEALTH DEPARTMENT		Pio	
	V-614 70 3806	CERTIFICA	TE OF DEATH	REG. NO	70	3806
	NAME OF DECEASED YPO OF PRINTIL ALFRED C. VER	VALEN		AND HOUR OF DEATH	1	12 150
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD		hare deceased lived. If	institution: resid	dence before odmission)
FHA	ULL NAME OF OSPITAL OR SOPITAL OR SOPITAL OR SOPITAL OR SOPITATION	NSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	U.S.A	SIDE CITY LIMI	2712
7	HE UNION MEMORIAL	- HOSPITAL	BALTIMOR E. STREET AND NUMBER 5005 ST.		VES (4)	NO []
	MALE WHILE WIDO		8. DATE OF BIRTH	9. AGE (In years last birthday	If Under 1 Months Do	Yr. If Under 24 Hrs.
do	A. USUAL OCCUPATION (Give kind of wark 108, KIN ne during most of working life, even if refired) HORIETARY PRESIDENT		11. BIRTHPLACE IS Note or In		12 CITIZEN	ERICAN
13.	FATHER'S NAME	T - Keno csi A	14. MOTHER'S MAIDEN N	AME	7	(-S.a.
	SAMUEL A. VERVAL	EN	CARRIE	CARSON	1	
IY.	Was Deceased Ever in U.S. Armed Forces? s, no ar unknown) (If yes, give war or dates of ser	security NO.	HIMSELT		FRED'S	DDRESS/ER VALE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does not mean the made of dying, heart failure, astheria, etc. It means the dis injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, g rise to the above cause (A) stoting UNDERLYING CONDITION last.	iving (B) DUE TO, OR AS		Septiceum	e), BETT	WEEN ONSET AND DEATH
ICATION.	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1998 CONDITION	NAL	20A. AUTOPSY? IYes or	No) 208. IF YES, WERE	ENDING: CO	ALCIDEREN
ERTIFIC	WAS PERFORMED		Yes	IN CERTIFYING CA	USES OF DEA	TH?
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21 B. PLACE OF INJURY (e.g., in hame, form, factory, street, offietc.)	or obout 21 C. WHERE DID	(II In Saltimo	re City, give ex	act location)
MEDI	21 D. TIME IMonth) (Doy) (Year) IHour OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Work At Work	21F. HOW DID IN	IJURY OCCUR?		
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive	ed the deceased from 6		1970 to 04	1-09	19 70 eccurred on the date
	and have and from the causes stated abov	e. (I) (We) (did) (did not) vi	w the body after death			
	Jasuman Jamas	rake M. D. Atten Phys.	ding Med.	Stoff Phys.	23 B, DATE SI 04-	GNED 09-70
	PASUMASA YAMASA	KI MD, 3	BBRD AND CA		1	
244	BURIAL CREMATION, 248, DATE 24	C. NAME OF CEMETERY OF CREA			ty, town, or co	•
	Intombment 4-13-70 1	Corraine Pk. Ma	ausoleum Ba	ltimore Co	. M	ld.
A	PR 1 0 1970 Robert E. Jaile	ME OF REGISTRAR	H.W. Jenkin	s & Sons C	ig. 490	S York Rd.
15	150-REV. 1/1/68	The state of the s				

THE UNITED PERKING HESPITAL BALLIPERS

MALE WHITE

SAMUEL A VERVALEN CARRIE CARSEN

Jr.3/5/A/A/A/A

5005 ST ALBANS WAY

12-12-11

UNKNOWN UNKNOWN NEW YORK AMEN

HIMSELF

Garanan Garanaki no

YASHMAKA YAMASAKI NID 33RD AND CALVERT STS BALLIC

10-40 -

death

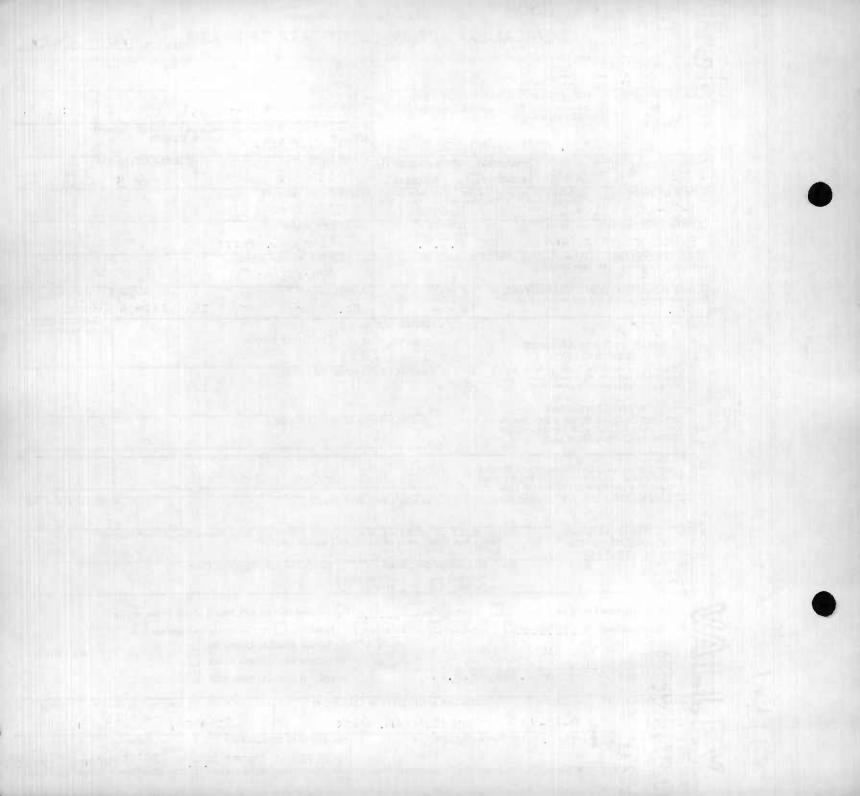
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FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT





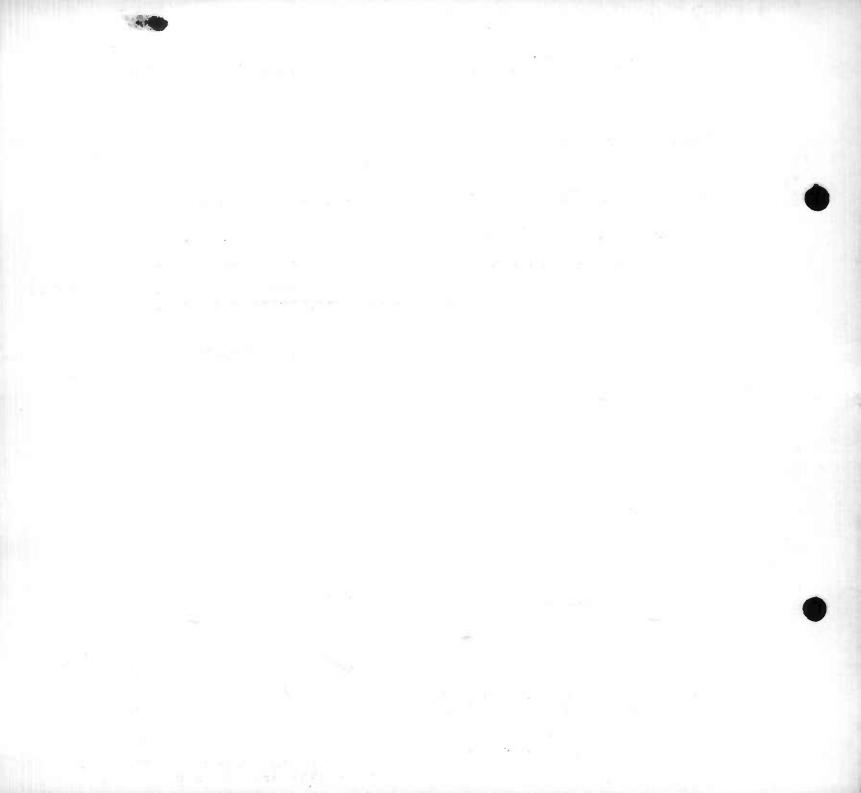
VS 150-REV. 1/1/68

BIRTH NO.	70	3810		TE OF DEATH	REG. NO	70	3810)
(Type or Print)	GAYNOR, Irvin	g		2. DATE AI	ND HOUR OF DEATH	4	3:30	P.
3. PLACE IN FULL NAME HOSPITAL OR	BALTIMORE, MARYLAND, W	HERE PRONOUN		4. USUAL RESIDENCE (Whe	ere decessed lived. If	institution; e	residence before d	
INSTITUTION	Veterans Admi			C. CITY OR TOWN	D. IN	SIDE CITY L	IMITS?	
23	3900 LochnRay			Glen Burnie		YES 🗌	NO 🗌	
	Baltimore, Ma			7499B Furnace	a Branch Roy	ha		
5. sex Male	6. RACE Caucasian	WIDOWED	NEVER MARRIED DIVORCED	5-7-17	9. AGE (In yeers lest birthday)	If Unde	Pr 1 Yr. If Under Deys Heurs	er 24 Hrs. Min.
toA, USUAL O done during mes	CCUPATION (Give kind of work of of working life, even if refired)	108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or fere	eign country)	12. CITI	ZEN OF WHAT	COUNTRY
Salesmai	n			Brooklyh, New	y York		U. S. A.	
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NA			00 00 110	
Jacob G	oldberg			Rose Gordon				
15. Wes Decee	sed Ever in U. S. Armed Ferd own) (If yes, give wer or deter	es? 16.	SOCIAL SECURITY NO.	17. INFORMANT VA HO	spital Reco	วะสร	ADDRESS	
Yes	6-25-42 to 2		15-12-60-53	Baltimore, Ma				
18.	30.21	10 44 11	CAUSE OF DEATH		-3-1 2101		APPROXIMATE IN	TERVAL
(This does heart foilure injury or o	EASE OR CONDITION DIR LEADING TO DEATH s not meen the mode of are, asthenio, etc. If meens complication which coused ANTECEDENT CAUSES OR CONDITIONS, if of	dying, e.g., the disease, death.)	Esophagea (B) DUE TO, OR AS A	CONSEQUENCE OF: Anastomatic L	eak		11 Days	
UNDERLY	the obove couse (A) ING CONDITION lost.	stating the	rost op L	eft Colon Inter.	position and	d	13 Days	
I DISEASE OF	NIFICANT CONDITIONS CON EATH BUT NOT RELATED TO TH R CONDITION GIVEN IN PART	E TERMINAL	Upper GI	Hemorrage	1			-
3-27-	of operation 198 cone was performed benign	Esophage	al Structure	NO NO	208, IF YES, WERE IN CERTIFYING CA	FINDINOS USES OF I	CONSIDERED DEATH?	
O DEATH (no	DENT WAS UNDERLYING UBUTING CAUSE OF	home, le	CE OF INJURY (e.g., in mm, foctory, street, offi	or about 21C, WHERE DID ce bldg., INJURY OCCUR?	(II In Boltimo	re Cily, give	exact lacation)	
21D. TIME OF INJURY (APPROX.)		While A Work	At Work		URY OCCUR?			
	Ify that X) (this hospital) (e) last saw the deceased			And And	19 _70_taAr at In (%) (aur) apl			70
23A. SIEB A	Ele / Sudar	d abave. XI) (W	e) (did) (d(d(d)) vi	44	Staff Phys.	238, DAT	E SIGNED	
	E. BREDENBERG	1-	MD 2	D. ADDRESS 3900 LO	och Raven Bo			
Bures Bures	(Specify) 248. DATE	70 Beth	of CEMETERY OF CREA	MATORY 24D. LC		ily, tewn, er		(Stete)
APR	1 0 1970	SE HAMP OF RE	GISTRAR .	25C, FUNERAL DIRECTOR	uis & Son	9610	Reistersta	moto



VS 150-REV. 1/1/68

3331 Brehms Lane



0-16	_	BALTIMORE CITY	HEALTH DEPARTMENT		70 2010
BIRTH NO.	70	3812 CERTIFICA	TE OF DEATH	REG. NO	70 3812
Type or Print)		NETTE (TONY) OBE	TO THE PARTY OF TH	6, 1970	1
3. PLACE IN BA	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where of		stitutian: residence befare admission
FULL NAME OF HOSPITAL OR INSTITUTION		AL OR INSTITUTION, GIVE STREET ATIONI	Md., 21213 c. CITY OR TOWN Baltimore		VES X NO
99	Union Memor	cial Hospital (DOA	E. STREET AND NUMBER 3213 Clift	mont Ave	nue
SEX &	6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	T 17 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
female	white	WIDOWED DIVORCED DIVO	3/17/86	t birthdoy) 84	Manths Days Haurs Min.
	warking life, even if retired)	at home	Germany	Country	U.S.A.
3. FATHER'S NA	John L. Be	ehme	14. MOTHER'S MAIDEN NAME unknown		
5. Was Deceased (es, no ar unknawi	d Ever in U. S. Armed Far (If yes, give war ar date	s of service) SECURITY NO.	17. INFORMANT		ADDRESS
		219-30-3448A CAUSE OF DEAT	Mrs.Dorothy A	Arvin, agh	T. above
DISEASES rise to the UN DERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if the obove cause (A) G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO T	ony, giving SUE TO, OR AS stating the (C)	A CONSEQUENCE OF:	MINDELL	VI CISTALI VALENTOS I
	CONDITION GIVEN IN PAR	IT I (A).	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING DUTING CAUSE OF wedical examined	21B. PLACE OF INJURY (e.g., hame, farm, foctory, street, c	in ar about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare	e City, give exact location)
U .					
U .	(Month) (Day) (Year)	(Hour) 21 E. INJURY OCCURRED While At Not Whi Wark At Wark	21F. HOW DID INJUR	Y OCCUR?	, =====
21D.TIME OF INJURY (APPROX.) 22. I certify that (I) (we	that (1) (t his haspital) last saw the decease	While At Not White At Work Not White At Work Not White At Work At Work I) ottended the deceased from	3/4 19 30 1969 and that	59 to	4 6 19 7 0
21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we	y that (1) (t his haspite) last saw the decease d fram the couses sta	While A1 Not White A1 Work I) ottended the deceased from ted obove, (1) (We) (Hid) (did not)	3 4 19 3.0 1969 and that view the body ofter death.	in (my) (see) opin	
21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (me	that (1) (this hospital) last saw the decease of from the couses sta	While A1 Not White A1 Work 1) ottended the deceased from ted alive on ted above, (1) (We) (did) (did not) B. Stevens	3 4 19 3 0 1969 and that view the body ofter death. ending Med. Sk pirector Sh 123D.ADDRESS	in (my) (see) opin	23B. DATE SIGNED
21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we and hour an 23A. SIGNATI NAME (that (I) (this haspited) last saw the decease of from the couses stated from the couses sta	While A1 Not White At Work I) ottended the deceased from ted obove, (1) (We) (did not) B. Stevens OEGREE 24C. NAME of CEMETERY of CR	23D. ADDRESS Med. Director Sh. Ph. 23D. ADDRESS BEMATORY 24D. LOC	in (my) (com) opin	23B. DATE SIGNED 4/7/70 enue 19, town, or county) (State)

IMPORTAN

DIRECTOR:

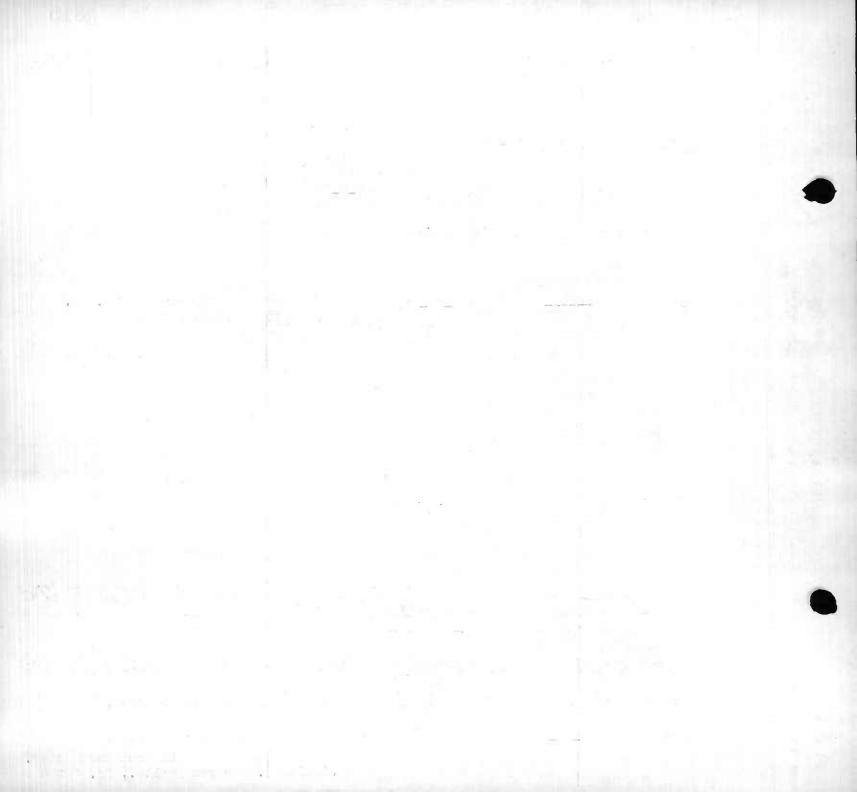
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FUNERAL DIRECTOR: IMPORTANT

11-20	5 70 0	0.1.4	BALTIMORE CITY	HEALTH DEPARTMENT				
BIRTH NO.	5 70 3	814	CERTIFICA	TE OF DEATH	REG. NO		381	4
I. NAME OF DE				2. DATE	AND HOUR OF DEAT	Н	0-4	
Type or ranti	HUDSON, Coleman	NMN		4-5	-70		4:10	P M
3. PLACE IN BA	ALTIMORE, MARYLAND, WH	ERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (W	here deceased lived, If	institution:	esidence before	admission)
FULL NAME O	ADDRESS OF LOCAT	OR INSTITU	TION. GIVE STREET	Maryland C. CITY OR TOWN			907	7
ANOHOLISM	eterans Adminis	tration	n Hospital	Baltimore	D. Ir	NSIDE CITY L		
123	900 Loch Raven	Bouleva	ard	E. STREET AND NUMBER		YES [_]	ио 🗌	
B	altimore, Maryl	and 212	218	1568 Coswell				
- SEX	6. RACE 7	MARRIED 5	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Unde	Doys Hours	er 24 His.
Male	Caucasian	WIDOWED	DIVORCED	12-25-18	51	Months	Doys Hours	Min.
OA. USUAL OC	CUPATION (Give kind of work)	OR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	neign country)	12. CIT	ZEN OF WHAT	COUNTRY
Meintena		Indus	trial Chem	Lexington, K	у.		S. A.	
3. FATHER'S N	AME -			14. MOTHER'S MAIDEN N	AME			
Louis Hu	The second secon			Lucinda Kidd				
res, no or unknow	ed Ever in U. S. Armod Force vn) (If yes, give wer or detes	of Service)	6. SOCIAL	17. INFORMANT VA	Hospital Rec	ords	ADDRESS	
Zes	8-12-40 to 6-	18-45	404-34-71-62	Baltimore, M				
18. 16	21		CAUSE OF DEATE		J		APPROXIMATE 1	
DISE	ASE OR CONDITION DIRE	CTLY	METASTAT	IC GARCINOMA O	F LUNG LEFT		BETWEEN ONSET	AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	TITLE TOTAL			6 months	pro
I neon milute	not mean the mode of d	e disease.	DUE TO, OR AS	CONSEQUENCE OF:		***********		
injury or co	omplication which caused d	eath.)				- 1		
	ANTECEDENT CAUSES		(p)					
DISEASES	OR CONDITIONS, if an	y, giving	DUE TO, OR AS	A CONSEQUENCE OF:	***********		****************	
tise to the	he above cause (A) s IG CONDITION last	laling the						
			(c)				***************************************	
OTHER SIGN	IFICANT CONDITIONS CON	RIBUTING	TO ALIGNADIWA	TO COLUMN				
E ITO THE DEA	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	TERMINAL	BRONCHOPNE	UMONIA			l week	
	OF OPERATION 198 CONDI WAS PERFO	TION FOR W	HICH OPERATION	20 A. AUTOPSYT (Yes of	No. 208 IF YES, WER	E FINDINGS	CONSIDERED DEATH?	
21A. ACCID	ENT WAS UNDERLYING	21R.9	LACE OF INTERVIOR	or about 21 C. WHERE DID				
OR CONTRIB	BUTING CAUSE OF	home	form, factory, street, all	ice bldg. INJURY OCCUR?	fii iu paljim	ore City, glv	e exoct locotion)	
U								
OF INJURY	(Month) [Doy) (You)		NJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?			
(APPROX.)		Work	Not While					
22. I certif	y that M) (this hospital)	attended the	deceased from M	arch 30.	19 70 to Ap	ril 5,	19	70
) last saw the deceased				that In (aur) o			
	nd from the causes stated					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	occomed an	1116 0016
23A. SIONAT	URE	, , , , , , , , , , , , , , , , , , ,	(ue) (did) Ministry 4	ew the body after death	10	22R DAT	E SIGNED 4-	6 -70 -
1/1	VC R	1. 1.0.	Atter	nding Med.	Staff T	4	16/70	
23C. PHYSICI	ANS JUO	anna	1 MODEGREE Phys.		Shaff Phys.			
NAME ((Type)	W D	'		Loch Ra en B			
	E. BREDENBERG		DEGREE		more, Maryla			
REMOVAL			ME of CEMETERY OF CRE			City, town, o	r county)	(Stote)
Buria		Balt	o. Nat. Cer	n.	Baltimore,	Md.		
APR 10	19/0 DEST. E	B. NAME OF	REGISTRAR	25C FUNERAL DIRECTO SChimunek 3331 B	Funeral Frehms Lane	Home,	InC.	
S 150-REV. 1/1	/68			U JJJ 1	ZULINO DOILE			

/	3 = (41) 70 3815	BALTIMORE CITY	HEALTH DEPARTMENT		70 3815
(9-640 10 3010	CERTIFICA	TE OF DEATH	REG. NO	10 3010
	TH NO.	CERTITION			
	AME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
1.71	Thomas Grill		AIK	16 8 219	70 9:20A. M.
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONTUNCED DEAD	4. USUAL RESIDENCE (WI		nstitution: residence before admission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Maryland X	D. INS	TOTO CITY LIMITS?
6			Baltimore E. STREET AND NUMBER		YES NO NO
7	Ardleigh Home & Infirm	ary	2639 Dulane	v Street	arrest units units units and the
5. \$	EX 6. RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
		WED DIVORCED	7-5-85	lost birthdoy)	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
don		nning Factory	Maryland		USA
13,	FATHER'S NAME	ming raccory	14. MOTHER'S MAIDEN N.	AME	
	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL	17. INFORMANT Rec	ords	ADDRESS
1, 6,	No	218-09-7161A	Ardleigh Home		y Balto. Md.
	18. 4/1 2 01	CAUSE OF DEAT		N CARDI	APPROXIMATE INTERVAL
	DISEASE OF CONDITION DIRECTLY	HYPI	RIENSIO	DISER	
	LEADING TO DEATH	V. A.S.	ULAK	PISEN-	IDVAS
	(This does not mean the mode of dying,		A CONSEQUENCE OF:		
	heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	os e,			
	ANTECEDENT CAUSES				
		(B)	A CONSEQUENCE OF:		
	DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) stoling UNDERLYING CONDITION tast.	The	A CONSEQUENCE OF		1000
	UNDERCTING CONDITION 18SI.	(C)	***************************************		
z	OTHER SHOWING AND SOMETHING CONTRIBUTE	NC			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTS TO THE DEATH BUT NOT RELATED TO THE TERMIN		1-1-	OTKAL	D JUNE 1969
U	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	Noll 20B. IF YES. WERE	FINDINGS CONSIDERED
ERTIF	JUNE 1969 WAS PERFORMED			IN CERTIFYING CA	AUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimo	ore City, give exoct locotion
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of etc.)			
DIC	21D. TIME (Month) (Doy) (Yeor) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
MEDI	(APPROX.)	While At Work Not While At Work	е		
	22. I certify that (I) (this haspital) attend	,	15/	19 69 to A	PRTIE 20
	that (I) (we) last saw the deceased alive	A D DTI	7 19 20 and		inian death accurred on the date
	and hour and from the causes stated above	e. (I) (We) (did) (did not) v			
	23A. SIGNATURE	1 2 1			23B. DATE SIGNED
	Aloed C. A	Atte Phy	mding Med. Director	Staff Phys.	april 9, 1970
	23C. PHYSICIAN'S NAME (Type)	J. J	23D, ADDRESS		
	LLOVDE SAVLO	R MA	3902/200	annews	tan.
24/	A. BURIAL CREMATION, 248, DATE 24	C. NAME of CEMETERY OF CRI	EMATORY 24D.	LOCATION (C	City, town, or county) (State)
	Burial 4-10-70	Glen Haven Memo	rial Park (Hen Burnie	Maryland
254	DATE RECOUNT HEALTH DEPT. 258. HA	ME OF REGISTRAR	2SC. FUNERAL DIRECTO	852	l Loch Raven Blvd.
41	UTA 1910 Acres or Associa	The state of the s	William E	Johnson B	alto. Md. 21204
215	150 BEV 1/1/68				



	0 38	16				1			
- 150	-		BALTIMORE CITY H	EALTH DEPA	RTMENT	X			
E-100	MET	DICAL	EXAMINER'S	CEDTIE	CATEOE	DEAT	ы	70	3816
BIRTH NO.	MILL	JICAL	LVWMIIATKO	CLKIIII	CATE OF	DEAT	REG. NO	10	2010
I. NAME OF DECEASED		J.		II2. DATE	Known [X	Month	Day	Yeor	Hour
(Type or Print)	LEWIS	S EVA	.NS	OF DEATH	Estimoted		8, 197		4:20 P. M
4. PLACE IN BALTIMORE	MARYLAND, V	WHERE PR	ONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF (II	NOT IN HOSPIT	AL OR INST	ITUTION, GIVE STREET	PRONO	UNCED DEAD	Anril	8, 1970	1	/420 B
OR INSTITUTION	DRESS OR LOCA	AIION)		5. USUAL R	ESIDENCE (Wher				4:20 P. N
/ St. Agnes	Hospits	1		A. STATE	Maryland		B. COUNTY	1 /	211
6. SEX 7. RAC			ED NEVER MARRIED	T.C. CITY OF	Maryland		D. INSIDE CIT		200
Male Wh	Lte	WIDOW		7	ELKRIDGE				
9. DATE OF BIRTH	10.AGE (I		If Under 1 Yr. If Under 24 Hr		A CONTRACTOR OF A] YE	s L	40 L
April 19, 1933	lost birthdo		Months Doys Hours Mi	n.					
11. BIRTHPLACE (State or f			12. CITIZEN OF	13. FATHER	6304 Old V	vashing	ton Blv	1.	
West Virgini			WHAT COUNTRY?	I A TANK	J HAME				
14A.USUAL OCCUPATION		148 KIND	OF RUSINESS OF INDUST	DV 15 MOTHE	Unknown	AAE			
done during most of working li	e, even if retired)	KII VID	O1 003114233 OK 1140031	NI IO. MOTHE		WE			
16. WAS DECEASED EVE	INI II S ADAMET	FORCES	7 17. SOCIAL	18. INFOR	Unknown			DOFFE	
(Yes, no or unknown) (If yes,	ive wor or dotes	of service)	SECURITY NO.					DRESS	
110 (3-					s Funeral	Home,	Union W	lest Vi	irginia
F8/5.	P		CAUSE OF DE	ATH					ROXIMATE INTERVAL
DISEASE OR CO	ONDITION DIRE	CTLY							
	G TO DEATH		(A)IMMEDIATI		rebro-crar	nial in	juries		
(This does not mean heart foilure, osthente	, etc. II meons the	e diseose,	DUE TO, O	R AS A CONSEC	UENCE OF:				
Injury or complication	which coused ded	oth.)							
ANTECED	ENT CAUSES		(B)						
DISEASES OR CON	DITIONS, IF ANY	Y, GIVING	DUE TO, O	R AS A CONSE	QUENCE OF:				*************
II I UNDERLYING COL	IDITION LAST.	IING IHE	(c)						
<u> </u>	II		(0)						
OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTI	NG						
O THE DEATH BUT	NOT RELATED TO ION GIVEN IN P	THE TERMI	NAL						
			OR WHICH OPERATION	WAS PERFORN	LED			21. AUTOP	SY? (Yes or No)
ZZA. EXTERNAL CA		2	28. PLACE OF INJURY (e.g	., In or obout 2	2C. WHERE DID	(If In Boltimor	e City, give exac	t location)	Yes
UNDERLYING OR COUTING CAUSE OF		h	28. PLACE OF INJURY (e.g. come, form, foctory, street, of	ice bldg., etc.) Il					3 -0 0
₩ UTING CAUSE OF	(Doy) (Yeor	r) (Hour)	Highway 22E.INJURY OCCURRED	(3) 2	2F. HOW DID IN	INPY OCCI	Road -	Howar	d County
OF INJURY	70		P WHILE AT NO	TABLE			***		771
23	30 70	9:40.	TI. WORK AT	WORK	Driver in	auto-1	ixed ob	ject co	ollision
I certify that	I held on I	nauley [InspectionA		and alma al	la beste	danal to		
	: Notural cau	-			and that on t		_	1	
resulted from	notural cau	ses L	Accident De Suic				ned manner L	1	
ACTUAL (See lo	1 ~	1º A		CHIEF MEDICAL E				DATE SIGNED
SIGNATURE	rans	2,0		D. ASSI	STANT MEDICAL E	XAMINER			
EXAMINER'S	Charles	S. Si	pringate, M.D.	ASSO	CIATE MEDICAL E	XAMINER	☐ Apr	il 9,	1970
NAME (Type) 24A. BURIAL CREMATION	249 DATE		LOUG NAME & CEMPTER		and I				
REMOVAL (Specify)	248. DATE		24C. NAME of CEMETER	dr CKEMAIC	24D.	LOCATION	(City, town,	or county)	(Stote)
Burial	4-12-	1970	Lebanon Ceme	terv	Un	ion. W	est Virg	inia	
25A. DATE REC'D BY HEA	TH DEPT.	258 NA	ME OF REGISTRAR		UNERAL DIRECTO			DRESS	2122
APR 1 0 1970	TH DEPT.	258 NA		25C. F	UNERAL DIRECTO	OR .	AD	DRESS	
APR 1 0 1970 VS 151-REV. 1/1/68	TH DEPT.	258 NA	ME OF REGISTRAR	25C. F		OR .	AD	DRESS	2122 Avenue

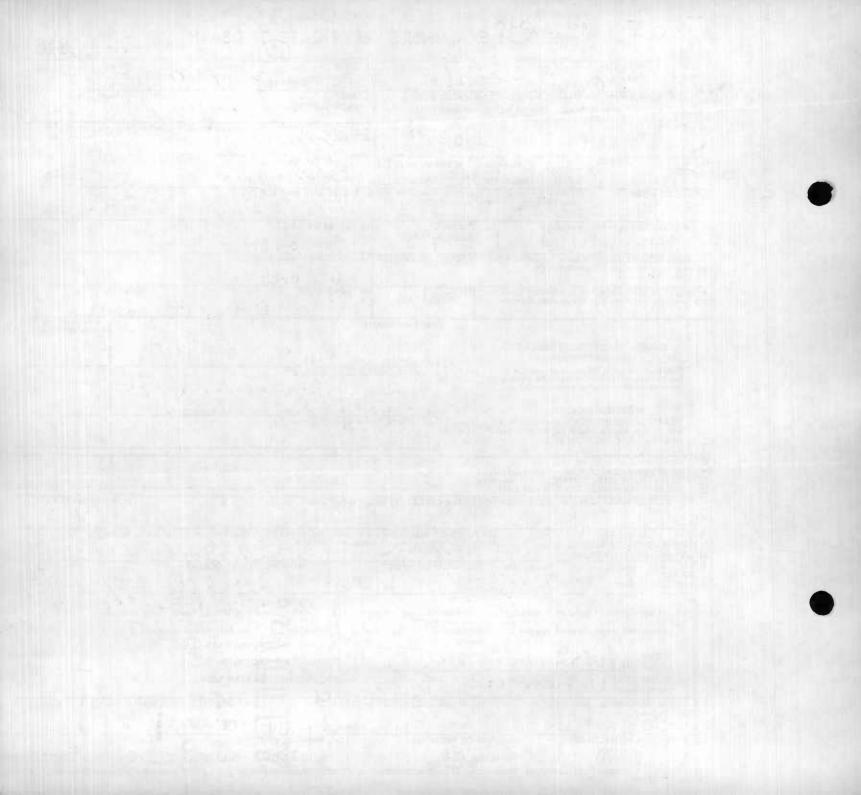
Letter from M.E.'s office 4-22-70 M.H.

Type or Print)	MARTHA	W.	WILLIAMS	2. DATE	April 7,	
3. PLACE IN BALTIM	ORE, MARYLAND, WI	HERE PRONO	UNCED DEAD		here deceased lived. I	f institution: residence before admission
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland C. CITY OR TOWN	Balti	NSIDE CITY LIMITS?
40	St. Agnes			Arbutus E. STREET AND NUMBER 4809 Westla	nd Blvd. An	
/	Wilkens &					
Female	White	WIDOWED		12-22-1907	9. AGE (In years lost birthdoy) 62	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
ane during most of work	king life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	U.S.A.
Retired Sec	recary			Maryland 14. MOTHER'S MAIDEN N	A 4 4 E	0.5
3. FAIHER S NAME	Julius A.	Wil	kens	Unknown		
5. Wos Deceosed Eve Yes, no or unknown) (If NO	er in U. S. Armed Forc yes, give wor or doles	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	U Control	ADDRESS 21227
NO			214-01-8154		W. Ganer, 1	1 APPROXIMATE INTERVAL
injury or complic	mean the made of thenio, etc. It means cotion which coused TECEDENT CAUSES CONDITIONS, if a phase cause (A)	the disease, death.)	(B) JUE TO OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF:	Carla Ven	wa
DISEASES OR rise to the CUNDERLYING C	thenio, etc. II meons cotion which coused TECEDENT CAUSES	the disease, death.) any, giving stating the	(B) JUE TO OR AS	Emsiry A-S	Carlis Ven Ceseare	Na-
DISEASES OR rise to the country of t	Ihenio, etc. II meons colion which coused TECEDENT CAUSES CONDITIONS, if a obove couse (A) CONDITION last.	the discose, death.) any, giving stoling the MTRIBUTING SE TERMINAL [1] [A]. DITION FOR	(B) HIGH (B) OR AS	Emsiry A-S		RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES OR rise to the cunderlying C	Ihenio, etc. II meons colion which coused TECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION last. II ANT CONDITIONS CONDITIONS CONDITION GIVEN IN PART PERATION 198. CONDITION GIVEN IN PART WAS PERFORM CONDITIONS CONDITIONS CONDITIONS CONDITIONS GIVEN IN PART 198. CONDITIONS CON	the discose, death.) any, giving stoling the MIRIBUTING IE TERMINAL [1] (A). DITION FOR ORMED	(B) DUE OF AS (C)	A CONSEQUENCE OF:	No) 20B. IF YES, WEI	
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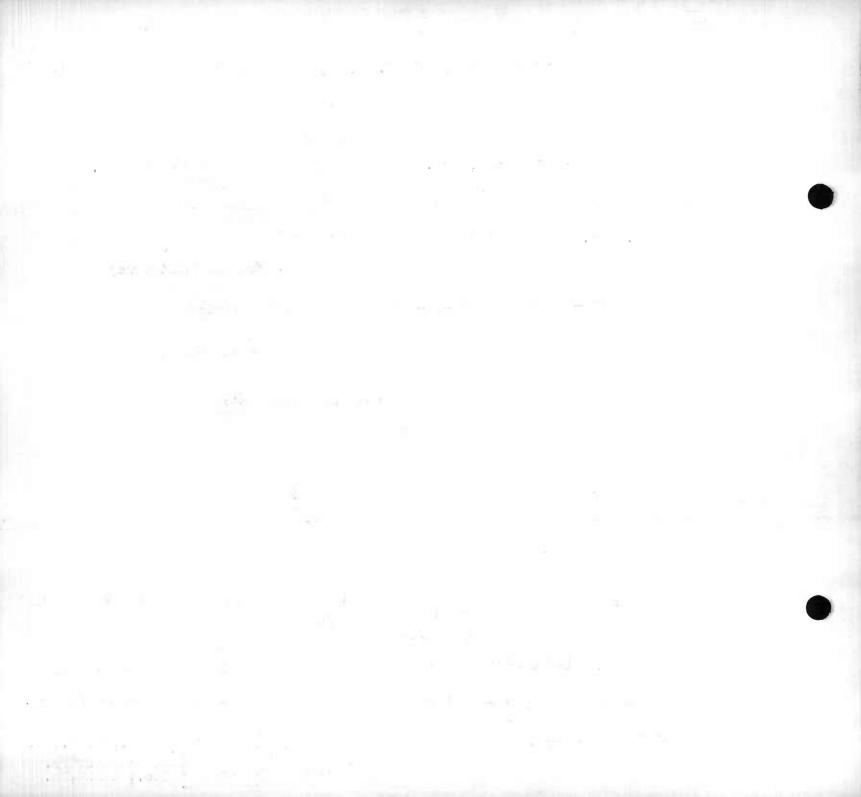
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	E-540	70	381	9	BALTIMORE CITY CERTIFICA			REG.	No	70	3818	9
1,	NAME OF DECEASE							AND HOUR OF	DEATH			
_		p Ra	alph E	mmel	RALPH C.			1/8/70			5:	35 PM
3,	PLACE IN BALTIMO	ORE MARYLAND, V	WHERE PROT	NOUNC	ED DEAD	A. STATE	RESIDENCE (W	here deceased liv	ved. If in	stitution; ro:	sidenco before	odmission)
FU	ULL NAME OF	ADDRESS OR LOC	TAL OR INS	OITUTIT	N. GIVE STREET	Mar	vland				7.60	5
IN	ISTITUTION	ADDRESS OF FOC	AIION			C. CITY O	RIOWN		D. INS	IDE CITY LIA	AITS?	
ŀ						Ba	AND NUMBER			YES 🖳	NO []
	37	Manau 1	T = = = 4 A	- 7	Two				4	4 020		
5.	SEX 6. R	Mercy I			Inc.	8. DATE O		oft Stre	_	# 212		
		White	WIDOW	D	DIVORCED	1/	12/39	9. AGE (In yellost birthday)	31	Months	1 Yr. If Un Days Hours	dei 24 Hrs. Min.
do	A. USUAL OCCUPATION of working	ION (Give kind of world)	KIND KIND	OF BUS	INESS OR INDUSTRY	11. BIRTHP	LACE (Stote or fo	preign country)		12. CITIZ	EN OF WHAT	COUNTRY
	Asst.	Mgr.	Но	tel		Ma	ryland				USA	
13.	FATHER'S NAME					14. MOTH	ER'S MAIDEN N	AME				
	John 1	Emmel				Ma	rian Cav	rthorne (Cawt	thorne)	
15.	Was Deceased Ever		ices?	16.	SOCIAL	17. INFORA					ADDRESS	
17.0		1961 - 196			SECURITY NO. 13-34-3248	77		Desende				
	18. 1 / . 3 9	01		lus «	CAUSE OF DEAT		ospital	Records			APPROXIMATE	INTERVAL
		CONDITION DI	RECTLY		(A)IMMEDIATE CAU	. 1	eut.	fibrill	at		TWEEN ONSET	
	(This does not m heart failure, asthe injury or complicat ANTE	nia, elc. Il means	the diseas death.)	g., ie,	DUE TO, OR AS	A CONSEQU	ENCE OF:					*************
	DISEASES OR C	ave cause (A)			DUE TO, OR AS	A CONSEQ	UENCE OF:	L	*****			4
	UNDERLYING CO	NDITION last.			(c)	100		*				
MOIT	OTHER SIGNIFICANTO THE DEATH BUT	NOT RELATED TO T	HE TERMINA	G								
CERTIFICATION	19A. DATE OF OPER	RATION 198. CON WAS PERI	DITION FOR	R WHIC	H OPERATION	20A. AU	TOPSY? (Yes or	No) 208, IF YES, IN CERTIFYIT	WERE F	FINDINGS OF DI	ONSIDERED	
CAL CE	21A. ACCIDENT W. OR CONTRIBUTING DEATH (notify media	CAUSE OF	h	1 B. PLA (ame, las	CE OF INJURY (e.g., ir m, factory, street, of	a about 21	C. WHERE DID	(ii In	Baltimare	a City, give	exoct lacation)	
MEDI	21 D. TIME (Mar	nth) (Day) (Year)		E INJU	RY OCCURRED	21	F. HOW DID IN	JURY OCCUR?				
Z	(APPROX)		V	Vhile At								
	22. I certify that	(1) (this hasalest				1-8	_	10.70		4-	6-	7.
	that (I) (see) last	saw the decease	d alive an	The de	to to	19	ond	_19 <u> 0 _</u> ta_ that In(my) X&			accurred ar	the date
	and have and from	the causes stat	ted abave.	(1) (9/5) (did) (dibbane) vi	ew the ba	dy after death					
	23A. SIGNATURE	= V-Cu	war	1,	Phys	ding _	Med.	Staff Phys.		23B, DATE	SIGNED	0
	23C. PHYSICIAM'S NAME (Type) CONSTA	L ANITA	. LIM	AS	DEGREE	3D. ADDRE			P,		MOLE	md
24#	A BURIAL CREMATIC	N. 24B. DATE	24C.	NAME	OF CEMETERY OF CRE	MATORY		LOCATION		y, lawn, or		(Stote)
	Burial	4-11-7	0.	Holy	y Rosary Ce			1 German				
25	WATE AT TO THE	MLTH DEPT.	25B. NAME			25C. FU	NERAL DIRECTO		622	4 Eas	terness v	e.
L.	150-PEV 1/1/6P		ALC: SECTION	4.4		resid	1000	Jenes	pal	.00.,	21224,N	I.C.

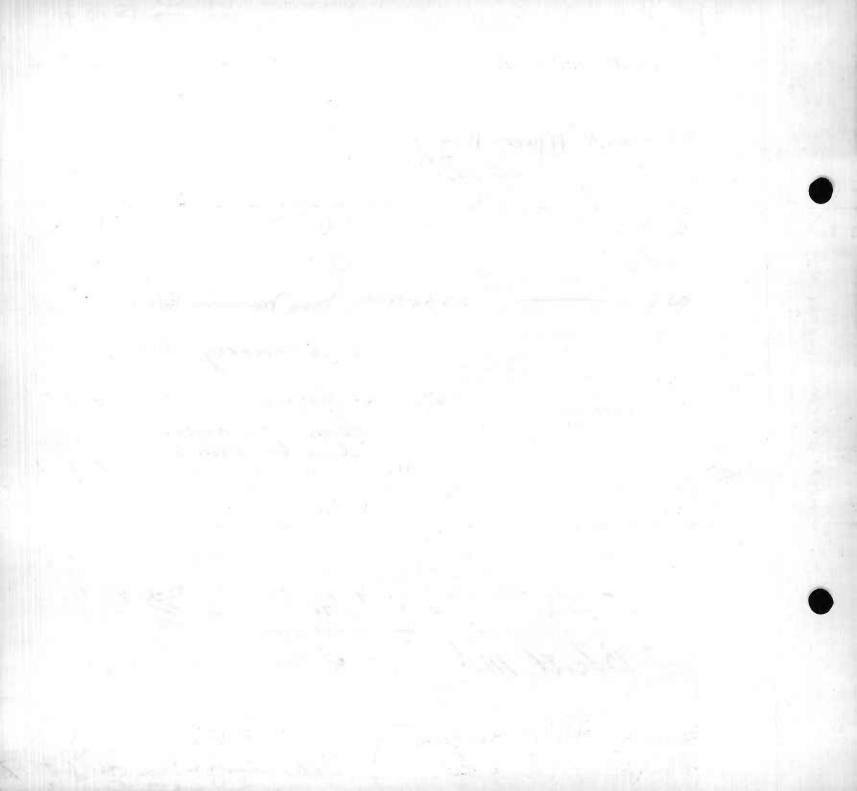


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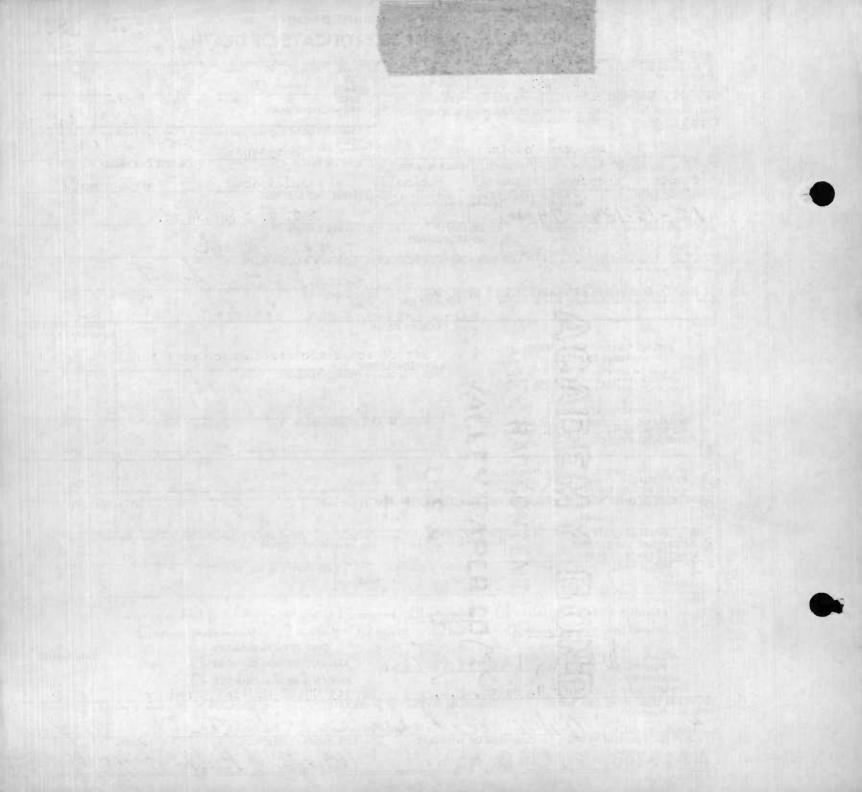
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



// / / / / /	EPARTMENT 70 3821
MEDICAL EXAMINER'S CERT	IEICATE OF DEATH
BIRTH NC.	REG. NO.
I. NAME OF DECEASED (Type or Print) Edno McCommon (7/10 - 1) OF	
Edita McCommon / Dogues DEA	TH Estimated L
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONDUNCED DEAD 3. DAT FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET PRO	Manth Doy Year Hour DNOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	4 4 70 12:24 am.
Lutheran Hospital	
	Maryland / 0 5 / OR TOWN D. INSIDE CITY LIMITS?
female colored WIDOWED DIVORCED	
9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr. If Under 24 Hrs. E. STRE	Baltimore YES NO L
19-11-189 lost birthday) Months Days Haurs Min.	2/27 N D/ C
11. BIRTHPLACE (State or Toreign country) 12. CITIZEN OF 13. FAT	2427 N. Dennison St.
Har well 1/10 acres	Jahn, Mark.
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MC	OTHER'S MAIDEN NAME
And the working life, even it reflects	as host . Smith
14. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL IN INC.	ORMANT ADDRESS
(Yes, na or unknown) (Il yes, give wor or dates of service) SECURITY NO.	na. Illelle Same
19. LI CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH Arterioscle	erotic cardiovascular disease
(A) IMMEDIATE CAUSE DUE TO, OR AS A CON heart latiture, osthenia, etc. It means the disease,	ISEQUENCE OF:
Injury ar camplication which caused death.)	
ANTECEDENT CAUSES (%)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	NSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
ONDERLYING CONDITION LAST. (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT BELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT BELATED TO THE TERMINAL	ORMED 21. AUTOPSY? (Yes or No)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFO	ORMED 21. AUTOPSY? (Yes ar No)
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORM UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 1 certify that I held on Inquiry Inspection Autopsy resulted from: Natural causes Accident Suicide ACCIDENT.	22C. WHERE DID (If in Baitimare City, give exact location) 22F. HOW DID INJURY OCCUR? ond that on this basis, death in my opinion Homicide Undetermined monner CHIEF MEDICAL EXAMINER
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORM UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED. OF INJURY (APPROX.) I certify that I held on Inquiry Inspection Autopsy resulted from: Natural causes Accident Suicide ACTUAL SIGNATURE EXAMINER'S	DO 22C. WHERE DID (If in Baitimare City, give exact location) 22F. HOW DID INJURY OCCUR?
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORM UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY (APPROX.) 1 certify that I held on Inquiry Inspection May Autopsy resulted from: Natural causes May Accident Suicide ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREM	ond that on this basis, death in my opinion Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED SSOCIATE MEDICAL EXAMINER SOCIATE SOCIATE MEDICAL EXAMINER SOCIATE MEDICAL EXAMINER SO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFO UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY (APPROX.) 1 certify that I held on Inquiry MORK NOT WHILE AT WORK ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. Deput 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	ond that on this basis, death in my opinion 22F. HOW DID INJURY OCCUR?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFO UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY (APPROX.) 1 certify that I held on Inquiry MORK NOT WHILE AT WORK ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. Deput 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	ond that on this basis, death in my opinion Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED SSOCIATE MEDICAL EXAMINER SSOCIATE MEDICAL EXAMINER LTY Chief Medical Examiner 4/4/70
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFO UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY (APPROX.) 1 certify that I held on Inquiry MORK NOT WHILE AT WORK ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. Deput 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	ond that on this basis, death in my opinion Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DATE SIGNED SSOCIATE MEDICAL EXAMINER SSOCIATE MEDICAL EXAMINER SSOCIATE MEDICAL EXAMINER ATTORY LTY Chief Medical Examiner 4/4/70 ATORY 24D. LOCATION (City, tawn, ar caunty) (State)



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IMPORTANT

FUNERAL DIRECTOR:

CERTIFICATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) D. INSIDE CITY LIMITS NO If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 3903 Dorchester Road BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date 23B. DATE SIGNED written approval was D.O.A deceased shows: Anlington S. Phillips 1727 N. Monroe Street V\$ 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

Verified by telephone to Sinai Hospital 4-30-70 M.H.

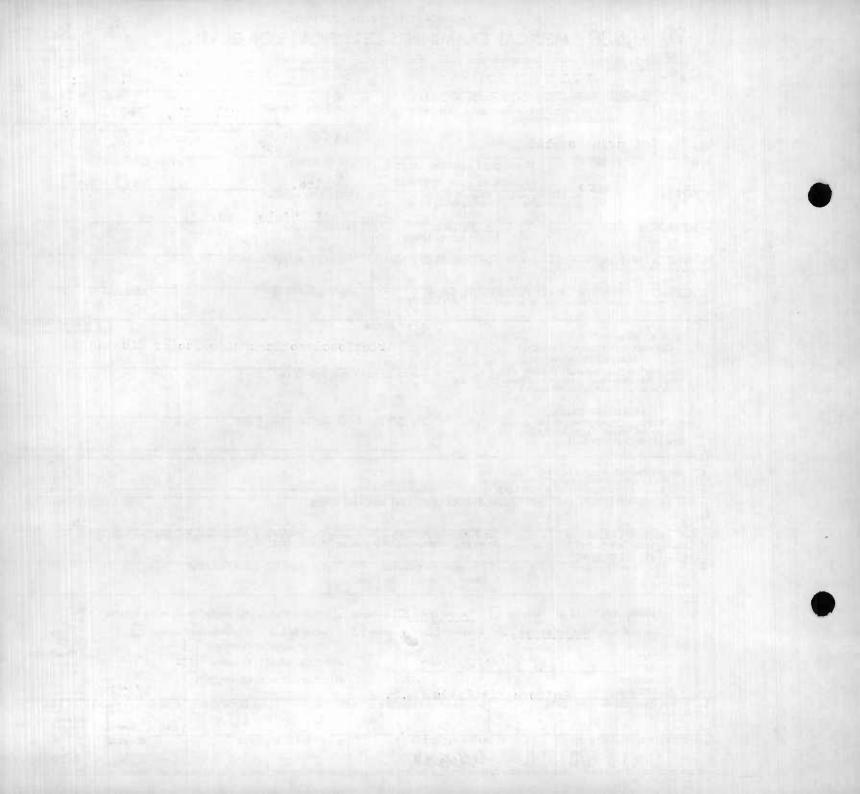


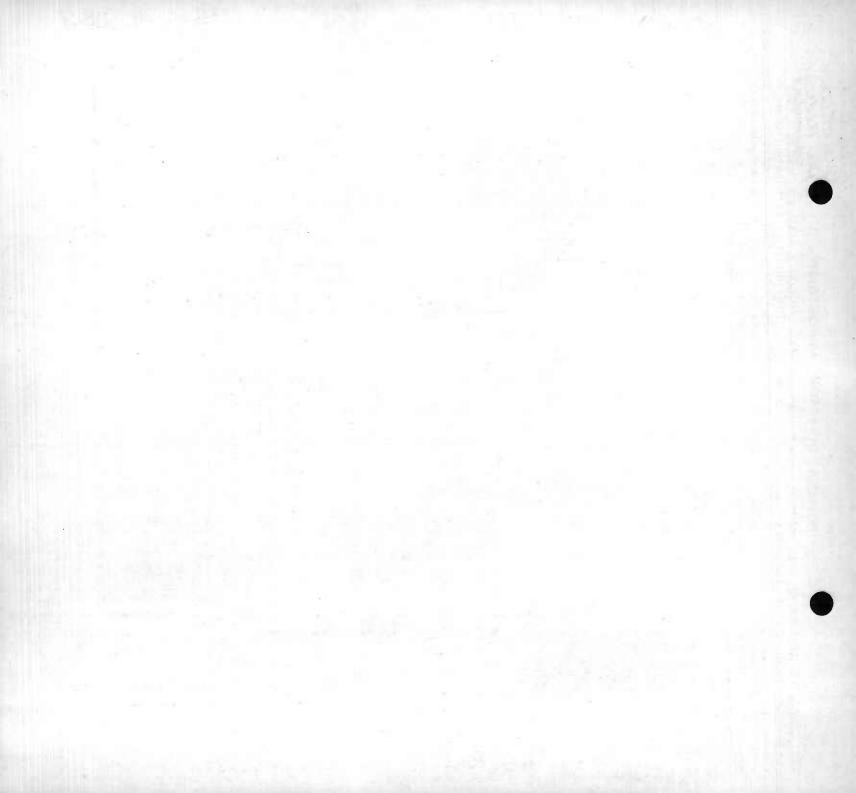
	BALTIMORE CITY HEALTH DEPARTMENT 70 2825
	13-5/6 70 3825 CERTIFICATE OF DEATH REG. NO. 70 3825
	I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	Type or Print) ANDREW BUMBRAY 4/10/70 12:30 P.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
	A. STATE B. COUNTY
1	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?
	INSTITUTION VES X NO T
	E. STREET AND NUMBER
	00
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	WIDOWED DIVORCED 7/24/86 \$3
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BURTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Picked Clarkens Sell employed maryland
	13. FATHER'S NAME
	But But Flotcher
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no adjunknown) (If yes, give wor or dotes of service) 17. INFORMANT SEQURITY NO.
	2 1/2 22 21 FE VALLE BUILDE LA MANNO
	18. CAUSE OF DEATH () CAUSE OF DEATH () APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH (A) IMMEDIATE CAUSE Myscardial Infaction I hour
	(This does not meon the mode of dying, e.g., heart foilure, astherio, etc. It means the disease,
	injury or complication which caused death,)
	ANTECEDENT CAUSES (B) Arlend Sclerolic Heart distase links
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
	rise to the obove couse (A) stating the UNDERLYING CONDITION lost, (C)
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	194. DATE OF OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
)	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exect location)
2	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
	9
	WEIL AL THE WEIL
,	(APPROX.) Work At Work
	22. 1 certify that (1) (this haspital) attended the deceased fram 1969 to 1969 to 1970,
	that (1) (we) last saw the deceased alive an
	and haur and from the causes stated above. (1) (We) (did) (didate) view the body after death.
	23A. SIGNATURE 23B. DATE (IGNED)
	Stewart, McPibecree Phys. Med. Director Phys. Phys. Q
	23C. PHYSICIAN'S NAME (Type) CTC 1.1.1.2.2.3D ADDRESS 23D ADDRESS 23D ADDRESS
	V: W. SIEWAK ON ON 2000 Dever
3	24A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)
	Bureal 4-15-70 Rallemon Muleral Cinc 5501 Fraderick Use. Bull MR.
	25A. DATE REC'D, BY HEALTH DEPT. 258. NAME OF REGISTRAK 25C. FUNERAL DIRECTOR ADDRESS
	APR 3 9/1 July & S of Co 20 10 11 12 12 12 12 12 12 12 12 12 12 12 12
	APR 13 1910 words & Jahren Ra Jesiph & Rives 2222 M. Marth are

1820 W. North Ave. is Residence.

BALTIMORE CITY HEALTH DEPARTMENT

70 3826 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO	70 3826
I. NAME OF DECEASED	2. DATE Known Month Day	Year Hour
(Type or Print) WILLIAM SAVAGE	OF DEATH Estimated 1 4 12	70 1:38 a M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		970 1:38 a _{м.}
Lutheran Hospital	S. USUAL RESIDENCE (Where deceased lived. If Institution: A. STATE B. COUNTY Maryland	residence before admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
WIDOWED TO DIVORCED TO	Dollar Vec	ON D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	241.00) NO LI
Sept. 24 1916 lost birthday Months, Days, Hours, Min.	3411 Shirley Ave.	
11. BIRTHPLACE(Store or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
14A.USUAL OCCUPATION (Give kind of work) 14B/KIND OF BUSINESS OR INDUSTRY	VI 15. MOTHER'S MAIDEN NAME	
doofdyfing mexic working life, even if rettred) with mechanic	magas Fanker	
IL MAS DECEASED EVER IN U.S. ARMED ECOCES? U.T. SOCIAL	18. INFORMANT ADI	DRESS
(Yes, no ar unknown) (If yes, give war or dotes of service) 2/4-14-1/4	Chris Guaruta Sarage 2415	Lusty line
19. CAUSE OF DEA	TW /	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY AT	teriosclerotic cardiovasclar di	sease
LEADING TO DEATH (A)IMMEDIATE (CAUSE	
	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	AS A CONSEQUENCE OF:	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
Ö		no
22A. EXTERNAL CAUSE WAS [228.PLACE OF INJURY (+.g.,	in or about 22C. WHERE DID (If in Boltimore City, give exact	
UNDERLYING ☐ OR CONTRIB-	bidg., etc.) INJURY OCCUR?	
2 22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) WHILE AT NOT WORK AT W	WHILE	
23,		
I certify that I held an Inquiry Inspection XX Au		pinion
resulted from: Natural causes XX Accident Suicident	de Undetermined manner]
Acres Day 11	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE MICHAELECTICA M.D.	ASSISTANT MEDICAL EXAMINER	DAIL DIOILED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Tsidore Mihalakis, M.D.		12/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (Specify)	or CREMATORY) 24D. LOCATION (City, toyn,	or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AD	DRESS 12 5
APR 13 1970 Res & Jacker Ka	Jusiph L. Lives 222	2W. hent an
VS 151-REV. 1/1/6B	Or I I I I I I I I I I I I I I I I I I I	



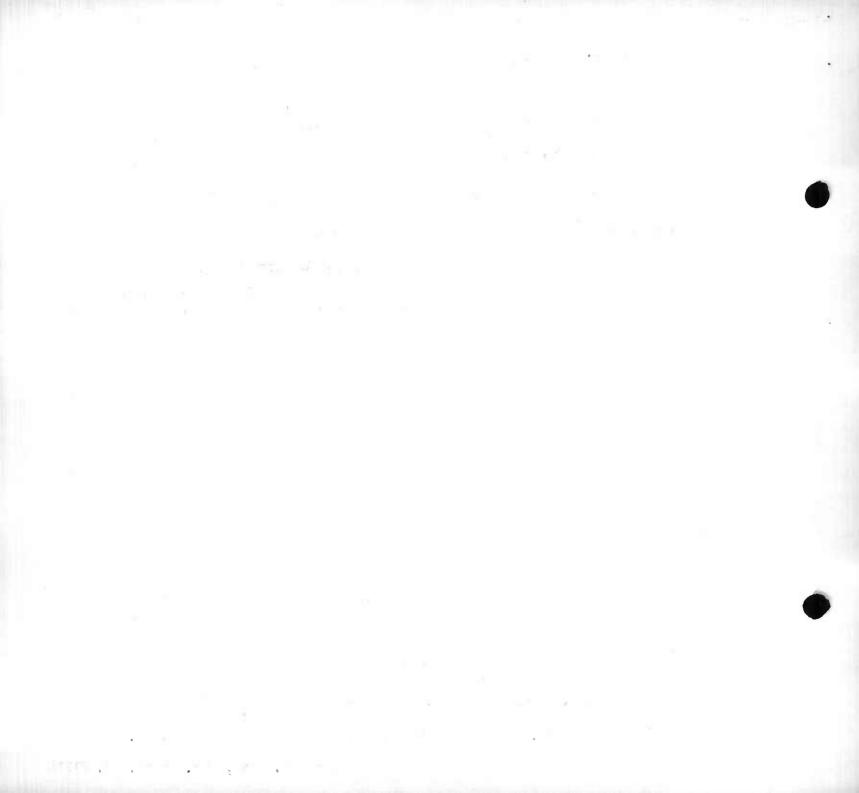


11-255	70 3828		Y HEALTH DEPARTMENT	DEC NO	70 3828
BIRTH NO.	10 3020	CERTIFICA	TE OF DEATH	REG. NO	
Type or Print) MISK	IMON, KIRK	W. Sr.		il 9, 197	
3. PLACE IN BALTIMORE, MAR	YLAND, WHERE PRONO		4. USUAL RESIDENCE (WI A. STATE B. COL Maryland	nere deceosed livod. If INTY	(institution: residence before odmission)
HOSPITAL OR ADDRESS	OR LOCATION)	UNION, GIVE STREET	c. CITY OR TOWN Baltimore		VISIDE CITY LIMITS?
UNION MEMOR	RIAL HOSPIT	AL	E. STREET AND NUMBER 5005 Crossw		123 23 140
Male White		NEVER MARRIED DIVORCED	8. DATE OF BIRTH Nov. 28,1914	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
IOA. USUAL OCCUPATION (Give done during most of working life, even Retired	kind of work 108, KIND OF n if retired)	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY
John Kirk M	liskimon		14. MOTHER'S MAIDEN N. Bessie Sh	aughnessy	
Yes, no or unknown) (If yes, give	Armed Forces? wor or dotes of service)	16. SOCIAL SECURITY NO. 218-03-3917	Dorothy Miskim	on same	ADDRESS
DISEASES OR CONDITION THE TENTH OF THE PERSON OF THE PERSO	ONS, if any, giving use (A) staling the N last. TIONS CONTRIBUTING LATED TO THE TERMINAL TO IN PART 1 (A).	(c)	20A. AUTOPSY? (Yes or 1	Val 200 se ver mer	
19A-DATE OF OPERATION 21A-ACCIDENT WAS UND OR CONTRIBUTING CAU	WAS PERFORMED	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID		RE FINDINGS CONSIDERED CAUSES OF OEATH?
DEATH (notify medical exam	y) (Year) (Hour) 21E, Wh	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
22. I certify that (I) (this that (I) (we) last saw the ond hour and fram the ca	deceased alive on uses stoted obove. (March (We) (did) (did not)	7 19 7.0 ond view the body after death		population death occurred on the date 238, DATE SIGNED 4/10/70
NAME (Type) Harry F.		DEGREE	550 N. Bro		Lto. Md. (City, town, or county) (Stote)
Burial 4/	/13/70 Par	kwood Cem.		Balto. Md.	
APR 1 3 1970	Best E. Jabe	OF REGISTRAR	Leonard J	4	c.Balto.Md. 21214

and the contract of the contra

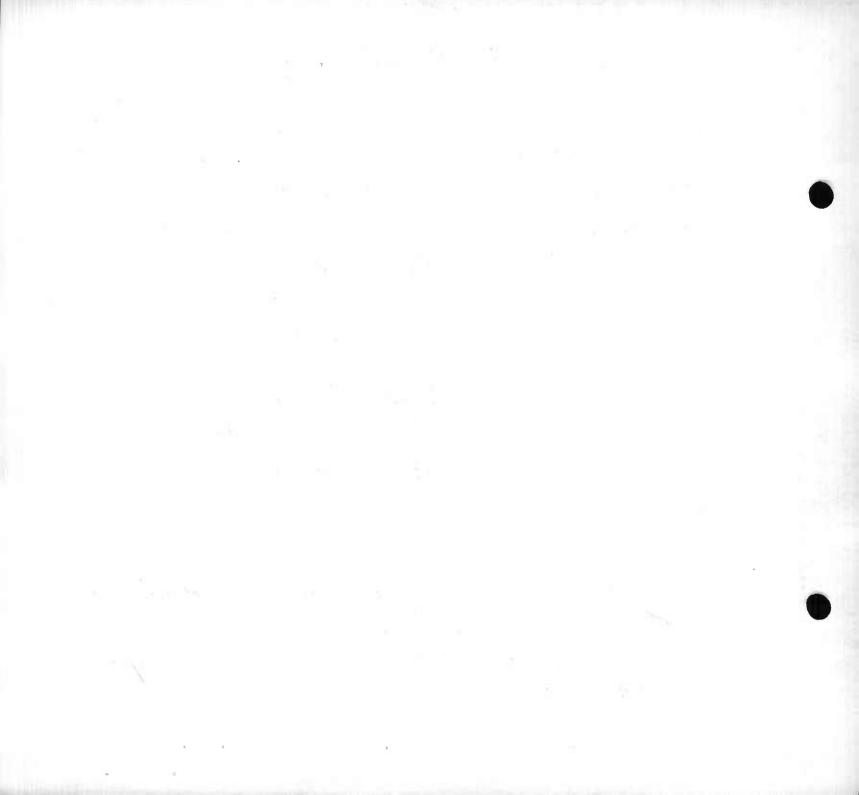
0101	BALTIMORE CITY	HEALTH DEPARTMENT		400
G-656 70		TE OF DEATH	REG. NO	70 3829
BIRTH NO. 1. NAME OF DECEASED	3023 CERTIFICA			
GERMERSHAUS	SEN, HENRY	APR		12:15P _w
3. PLACE IN BALTIMORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (WI A. STATE B. COU	nere deceased lived. If i	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCK	AL OR INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	(COUNTY E	BALTIMORE) 273
ST .AGNES HO	DSPITAL	BALTIMORE	D. INS	SIDE CITY LIMITS? YES NO X
WILKENS &		E. STREET AND NUMBER		1E3 NO Z
BALTIMORE,	MD. 21229	MAIDEN CHO	ICE KANKE	LANE
SEX 6. RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yr. If Under 24 His. Months Days Hours Min.
MALE WHITE	WIDOWED DIVORCED	08/01/83	last birthdoy	Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	reign country)	12. CITIZEN OF WHAT COUNTRY
FOREMAN	PRINTING	MARYLAND		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
JOSEPH GERMERSHAL	JSEN DEC'D	CHRISTINA		DE C 1
. Was Deceased Ever in U. S. Armed Far	ces? II 6. SOCIAL	17. INFORMANT		
es, no or unknown) (it yes, give wer or dole	s of sorvice) SECURITY NO.		BAL	TIMORE , MD. 212:
No	213-03-8137		ECORDS-WIL	KENS & CATON AVE
18.412,41	CAUSE OF DEAT	H , ,	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIS		ronord la	leva	
(This does not meen the mode of	dying, e.g., (A) IMMEDIATE CAU	SE () A CONSEQUENCE OF:	*********	***************************************
heast failure, asthenia, etc. It means injury or complication which caused	the disease.	a consequence of:		
ANTECEDENT CAUSES	XCC	VD		·
DISEASES OR CONDITIONS, II	(B) 115 TO OR AS	A CONSEQUENCE OF:	***********************	
rise to the above cause (A)	sloting the	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(c)	***************************************		***************************************
CTUER CICALIFICA NA COMPATIONS COL	UTDIDUTTING Chida	N.T. I	1	
OTHER SIGNIFICANT CONDITIONS COL	IF TERMINIAL	wally meg.	terra	
DISEASE OR CONDITION GIVEN IN PART 19A-DATE OF OPERATION 198 CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of N	o) 208, IF YES. WERE	FINDINGS CONSIDERED
A) 9 WAS PERF	estron governe unt	sty LIA	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
On committee Tours	218 PLACE OF INJURY (e.g., i	or obout 21C. WHERE DID	(If In Boltima)	re City, give exact location)
DEATH (notify medical examined)	home, form, foctory, street, of	ice bidg., INJURY OCCUR?		
DEATH (notify medical examined) 21D-TIME (Month) (Day) (Yoo) OF INJURY	(Hour 21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.)	While At Not While			
	Work L At Work		400	
22. I certify that M) (this hospital)		70	19ta APRI	
that (1) (we) last saw the decease				nion death occurred an the date
and have and from the causes state	ed abave. ON (We) (did) (NdKnXx) v	lew the body after death.		
23A. SIGNATURE	0 1 10 1	10.00		23B, DATE SIGNED
June 1	del lat DEGREE Phys	nding Med.	Staff Phys.	4/9/70
23C. PHISICIAN'S NAME (Type)	[3	3D. ADDRESS		MORE , MD . 21225
	PILAR MD DEGREE	ST . AGNES HOS	PITAL-WILK	ENS & CATON AVES
A. BURIAL CREMATION, 248, DATE	24C. NAME OF CEMETERY OF CRE			ty, town, or county) (Stole)
Burial 4/11/70	D. Parkwood Cemete			ore, Md.
	25 NAME OF BESISTRAR	25C, FUNERAL DIRECTO	R) H	ADDRESS
APR 13 19/U Wasen &	Janesey 18 4	Leonard J. I	Ruck, Inc. a	lto. Md. 21214
\$ 150_BEV 1/1/4B	A			

2705- Latona Rel.



FUNERAL DIRECTOR: IMPORTANT

R 166 BALTIMORE CITY H	HEALTH DEPARTMENT
	E OF DEATH REG. NO. 70 3831
1. NAME OF DECEASED BREWER SYLVIX	B. Fence & 1970 1.45 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	L USUAL RESIDENCE (Where decessed lived, 11 institution: residence before admission)
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	CLITY OF TOWN D. INSIDE CITY LIMITS?
INVIOR HEMERIAL	SHETIMORE YES NOT
44 HOSPITAL	STREET AND NUMBER W. SY There
5. SEX 6. RACE FEMALE WHITE WIDOWED DIVORCED OF	DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Trops & WITE	PENNSYCVANIA
HENRY SHIREY	MOTHER'S MAIDEN NAME MARY J. HOLSTEIN
15. Was Deceased Ever in U. S. Armed Forces? (Yos, no er unknown) Ill yos, give wer or dolos of service) 16. SOCIAL SECURITY NO.	PLE ASANT W. BREWER SAME
18. CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY POST WE	CROTIC CIRTICSTS BETWEEN ONSET AND DEATH
(This does not meen the mode of dying, e.g. (A) IMMEDIATE CAUSE	ONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	onsequince or:
ANTECEDENT CAUSES	HEPATITIS
DISEASES OR CONDITIONS, if ony, giving size to the obove cause (A) stating the UNDERLYING CONDITION lost.	CONSEQUENCE OF:
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	MAGEAL VARKES
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSYT (Yos of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office etc.)	r obout 21 G. WHERE DID (If In Boltimore City, give exect location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY White At The Company of the	21F. HOW DID INJURY OCCUR?
Work At Work	14-15
22. I certify that (1) (this hospital) attended the deceased from	2 - 10 19 70 to Boother 19 10
that (1) (we) lost sow the deceased office on	19 ond that In (my) (out) opinion death occurred on the date
and hour and from the couses stated above. (1) (We) (did) (did not) view	v the body after death.
Attendit Phys.	ng Med. Shaff 23R DATE SIGNED 23R DATE SIGNED Phys. Director Phys.
23C. PHYSICIAN'S NAME (Type) 23D	ADDRESS UNH
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATION, 24B. DATE	ATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 4/11/70 Woodlawn Cem.	Balto. Md.
APR 13 1970 PORTE SELECTION OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
VS 150-REV. 1/1/68	Leonard T



G-610	70	3832		TE OF DEAT		70 3832
BIRTH NO. I. NAME OF DECEA Type or Print)		RIE G	RAEFF	2. DA1	E AND HOUR OF DEATH	1 (1 30 h
FULL NAME OF HDSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET		re ER	side City Limits? YES TO NO more Avenue
Female	White	WIDOWED		Aug. 11, 188		If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
done during most of wor	ATION (Give kind of work king life, even if refired)		BUSINESS OR INDUSTRY		r foreign country) yland	12. CITIZEN OF WHAT COUNTR
3. FATHER'S NAME	Louis K	ramer		14. MOTHER'S MAIDEN	NAME ?	
	ver in U. S. Armed For f yes, give wor or dote		16. SOCIAL SECURITY NO. 212-01-6836A	Mrs. Doris	M. George	(Same)
OTHER SIGNIFICATION THE DEATH DISEASE DR CON	CONDITIONS, if abave cause (A) CONDITION last. I ANT CONDITION S COLOR OF THE CONDITION SIVEN IN PAR	NIRIBUTING HE TERMINAL T 1 (A).	(c)	A CONSEQUENCE OF:		<i>y</i>
21A. ACCIDENT	WAS UNDERLYING	ORMED	PLACE OF INJURY (e.g., in	20 A. AUTOPSY? (Yes		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTI	NG CAUSE OF	(Hour) 21 E,	INJURY OCCURRED	21F. HOW DIE	NJURY OCCUR?	ore City, give exoct locotion
that (I) (we) la	st sow the deceose) ottended the	(We) (did) (did not) v	200 or		Official 6 19 7 D
23C. PHYSICIAN NAME (Type	1. Bec	H. Beck	DEGREE Phys	3D. ADDRESS 60	Stoff Phys. 1 The stoff of the	upp popis
REMOVAL (Spe	4/9/70.		AME of CEMETERY OF CRE udon Park Come		Baltimor	e, Md. (State)
APR 13	970 Pares	258 HAME C	OF RECEIVAR	Leonard J	4	Balto. Md. 21214

ery from contact economic doct of the contact of th

fermi symme i kiral arth about prists

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THE REST. THE OWNER.

the respirator is restored to the state of t

IMPORTANT

FUNERAL DIRECTOR:

DESCRIPTION OF THE PROPERTY OF PROPERTY OF

1.550)	BALTIMORE CITY	HEALTH DEPARTMENT		MO -004
BIRTH NO. 70 383	34 CERTIFICA	TE OF DEATH	REG. NO.	70 3834
I. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) JESSE B. LEI		04-	-08-70	12.15 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If ins	titution: residence before admission)
FULL NAME OF HOSPITAL OR I ADDRESS OR LOCATION	NSTITUTION, GIVE STREET	MARYLAND.	U.S.A.	2734 SE CITY LIMITS?
THE UNION MEMORIA	HL HOSPITAL	BALTIMORE		YES A NO
144		E. STREET AND NUMBER		
5. SEX		5211 WALT	HER BLI	VD.
MALE WHITE WIDO		06-03-85	osi birihday) 84	Il Under 1 Ys. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIN done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY
MERCHANT- Retired		MARYLAND	D	AMERICAN
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
ANSEL LEHMA	1 N .	ESTHER	HIRSCH	1
15. Was Deceased Ever in U. S. Armed Forces? [Yes, na or unknown] [If yes, give war ar dotes of sen	ice) 16. SOCIAL SECURITY NO.	17. Mis. Nellie La	ahman	ADDRESS
beautisticities No	218-32-2506	Hobbassobat	Symmetry	(Same)
18. 1990	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	CARDIO	RESPIRATORY	APPECT	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE	AVVE2	
heart failure, asthenia, etc. It means the disc injury ar complication which caused death.)	diese, DUE TO, OR AS	CONSEQUENCE OF:		
ANTECEDENT CAUSES	04101	41444		
DISEASES OR CONDITIONS, if any, gi	(B) CALCI	NOMA TOSIS A CONSEQUENCE OF:		***********
rise to the above cause (A) stating	45		A	
UNDERLYING CONDITION last	(c) LEF]	HEMIPLASIA	4	***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NC			
TO THE DEATH BUT NOT RELATED TO THE TERMITY DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 178. CONDITION I WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A-AUTOPSY? (Yes or No.)	20B. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTION CONTRIBUTION	21 B. PLACE OF INJURY (e.g., in hame, form, foctory, street, aff	or obout 21C. WHERE DID	(If In Boltimore	City, give exact location)
DEATH (natify medical examined	etc.)	ice pidg, INJURY OCCURY		
21D-TIME (Manth) (Doy) (Year) (Hour)	21 E INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Not While			
22. I certify that (I) (this hospital) attend		-30-9: 10	20. 011-	10/70
that (i) (we) last sow the deceased alive	on 04-08	-	70 to 04 -	on death occurred on the date
ond hour and from the causes stated above		aw the hade after doct	intmy/ (out) opini	ou death occuted on the date
23A. SIGNATURE	-5 (1) (110) (414) (414 1101) (1	ew the bady diter deom.	12	3B, DATE SIGNED
Jasumasa Jame	Lacks mo Atten	ding Med. S		04-08-70
23C.PHYSICIAN'S NAME (Typel	DEGREE	Director P	hys.	700 70
YASUMASA YAMAS	AKI M.D.	A .	VERT STS	BALTO MD
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CREA	the second secon		lown, or county) (State)
Burfal 4/11/70.	Parkwood Cemeter		altimore, Mo	
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	Ber M.D.		ck, Inc. Bal	lto. Md. 21214
VS 150-REV. 1/1/68				

A STANTONG TO THE THE THINK WEST AS YOUR SHIP.

SAM WALTHER DELLE

28-60-90

MARYLAND AMER

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ANSEL LEHMAN ESTHER HIRSCH

HIMSELF

CARDIC DESPIRATORY ARREST

CALLINGHATES

LEAT HEMITLASIA

50 - 68 - 30 - 40 35 64 - 68 50

Grunnan Gamerak na 1 14-13

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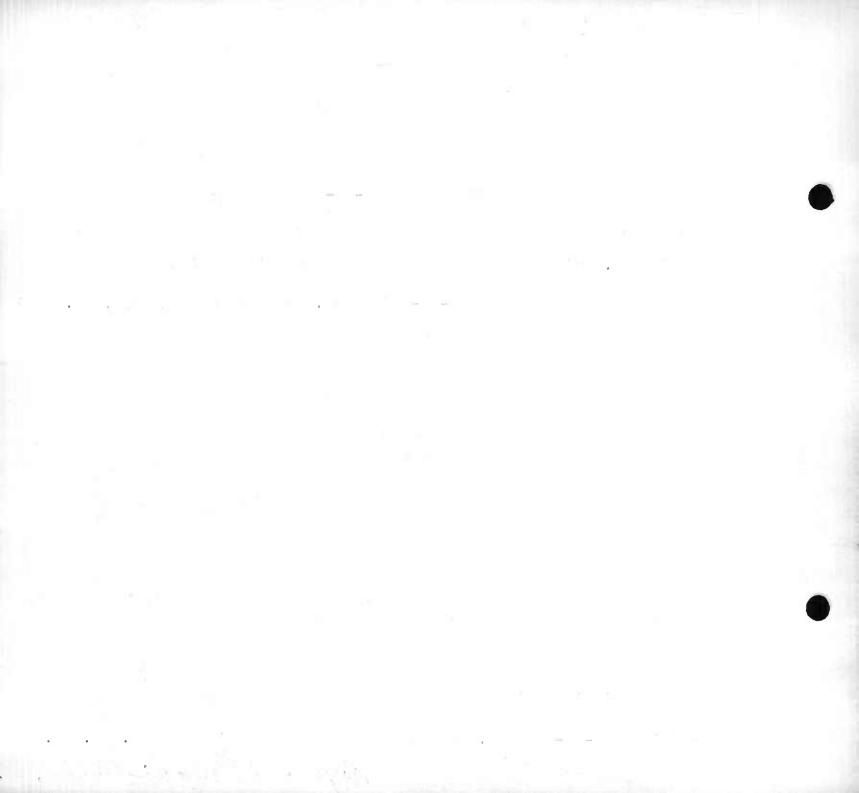
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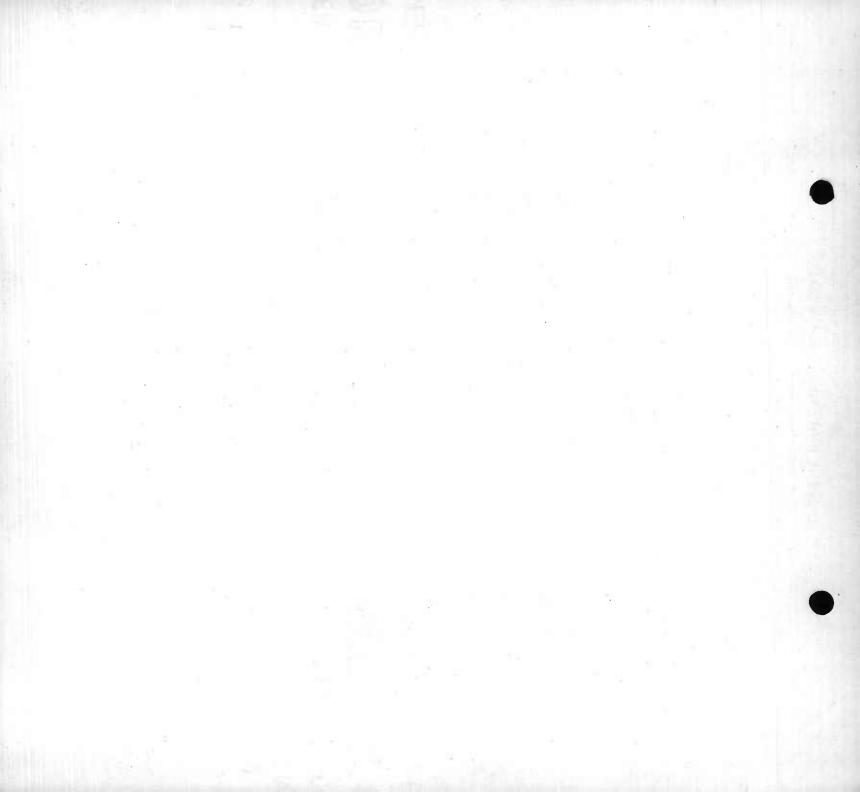
MALE WHITE

YASHINIASA YAMASAKI M.D. 33KD AND CALPERT ST. BALTC

orlager Thurmont. Md.



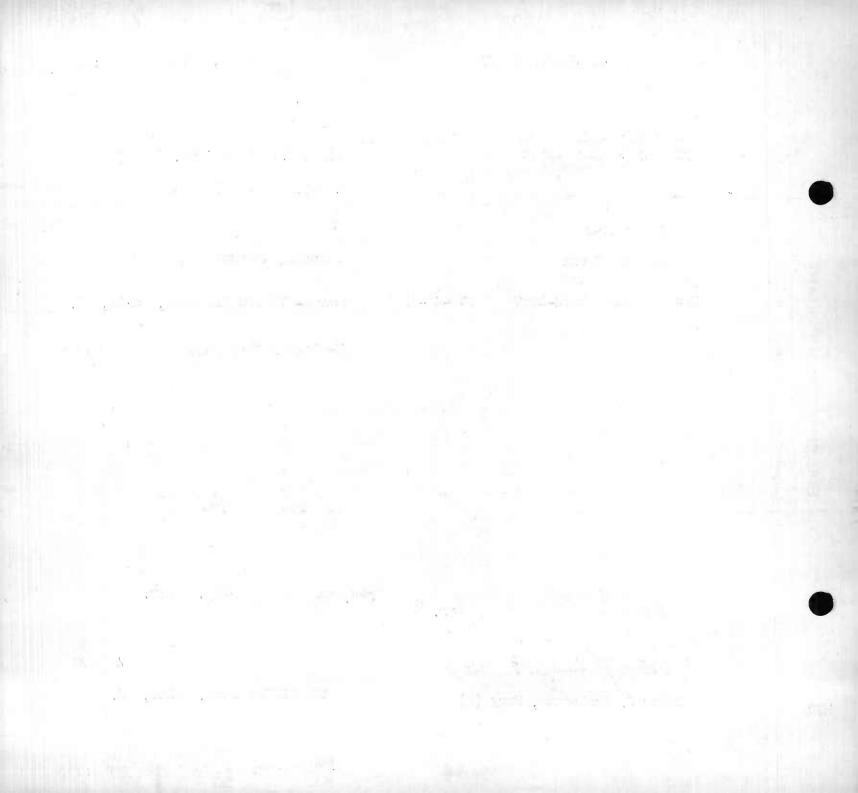
C-130 70 3	BALTIMORE CITY	HEALTH DEPARTMENT	v 10	3836
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	
1. NAME OF DECEASED		2. DATE ANI	D HOUR OF DEATH	_
Type or Print) John Henry	Cartis	4/11	1170	9:30 p.m.
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	A. STATE B. COUNT	e deceased lived. If institution:	residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL	R INSTITUTION, GIVE STREET	MARYLAND	ANNE ARUNDE	L 32.10
HOSPITAL OR ADDRESS OR LOCATION		c. cht or town	D. INSIDE CITY	_
33Johns Ho	Kine Hospital	ANNAPOLIS E. STREET AND NUMBER	YEX] NO []
	une Hoshroay	99 COLLEGE	CREEK TERRAC	F
5. SEX 6. RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH	AGE (In years If Une	der 1 Yr. If Under 24 Hrs.
M N WI	DOWED DIVORCED	2-25-12	ost birthday) Month	s Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country) 12. Cl	TIZEN OF WHAT COUNTRY?
doge sluting most of working life, even if refired) 13. FATHER'S NAME 4044 Henry Cla		MIX.		(,), A.
13. FATHER'S NAME	()	14. MOTHER'S MAIDEN NAM	YE /	
John Homus (V)	itis XI.	1641an Vat	to XII	nmn
	1 6. SOCIAL	17 INFORMANT	6 -001	ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of	service) SECURITY NO.	Maithal	MATTEREN	approtos 11.
18. 199, 1	CAUSE OF DEAT	RYCOLOGIC	www.xeg	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR COMPITION DIRECT	LY	0 13	1	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying	(A) IMMEDIATE CA		terson of	
heart failure, asthenia, etc. It means the	disease,	A CONSEQUENCE OF:		
injury or complication which coused deal ANTECEDENT CAUSES		contant to 890	amountance	Lonce
	giving DUE TO, GRYAS	A CONSEQUÊNCE OF:	fancias	•••••••••••
rise to the above cause (A) stat	ing the	a apper G.	I. bleeding.	
UNDERLYING CONDITION last.	(C)			
O OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING			
TO THE DEATH BUT NOT RELATED TO THE TE	RMINAL			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORN	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED
D 21A. ACCIDENT WAS UNDERLYING		100		
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	ffice bldg., INJURY OCCUR?	(If In Boltimore City, g	ive exact location)
DEATH (notify medical examiner)		015 110 111 1111	104 0 0 0 1100	
OF INJURY	While At Not Whi	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	Work At Work		12 41	11 77
22. I certify that (this haspital) at	ended the deceased fram	1	9 10 10	19/0.
that ((we) last saw the deceased al			it interp) (aur) opinian de	ath accurred an the date
and hour and from the causes stated o	bave. (We) (did) (did not)	view the bady after death.	1	
23A. SIGNATURE	D INCA AH	ending \ Med.	Shaff	ATE/SIGNED/
	JOSEN DOGREE Phy	23D. ADDRESS	Phys.	111/0
23C. PHYSICIAN'S NAME TYPE 24A. BURIAL CREMATION, 24B. DATE	IN INS	23D. ADDRESS	L. 11 - 1	· Tag o
AOVEN S	- CD SVN Valed	JO MIS HO	Ihm HOSM	al Policina
REMOVAL Specify	24C. NAME of CEMETERY OF CR	ENTATORY 240. LC	CATION (Gry, lown,	or county) (Stole)
2 Dural 4-16-10	1 NAULINEY	Torrau co	ARIVICA.	1110
DOCA DIATE BECOM BY HEALTH MENT HOLD	NAME OF DECISION	DEC EMPLEAN PLANE	7	ADDRESS 1 A
25A, DATE REC'D BY HEALTH DEPT. 125B. ADD 19 10M P.L. 6E. 3C.	NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	ROODOHIA.	ADDRESS MV



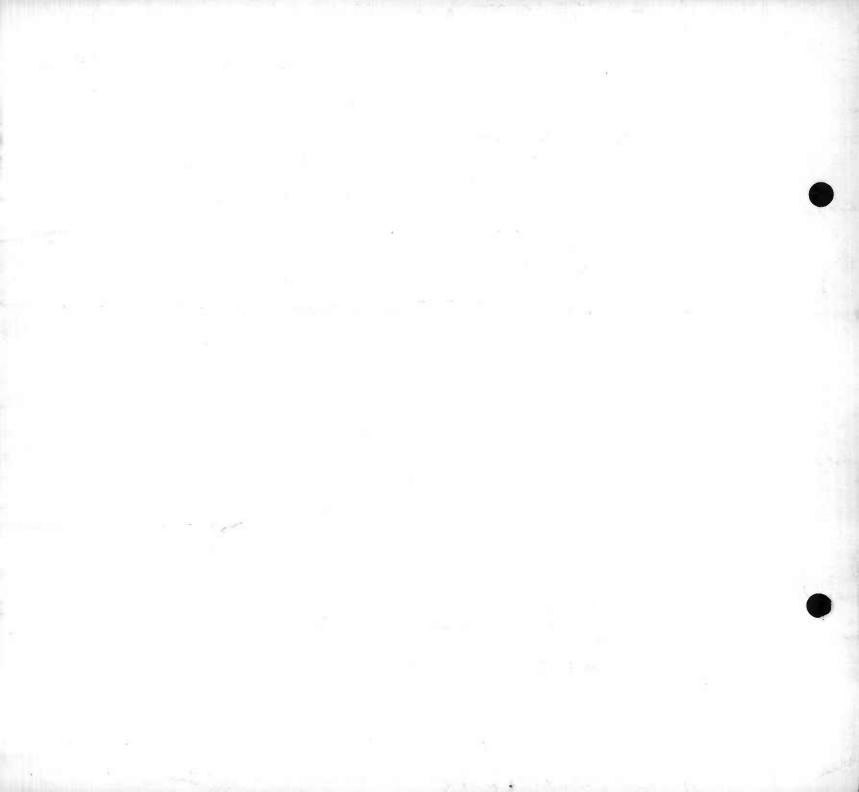
		חמי	0000	BALTIMORE CIT	Y HEALTH DEPARTMEN	1//	70	20214
BIRTH		70	3837	CERTIFICA	ATE OF DEAT	H REG. NO.	10	3837
1.NAN (Type o	E OF DEC	PASED MAGILAL	Colo	(6)	. 1	TE AND HOUR OF DEAT	/H 7.2	. 40
3. PLA	CE IN BALT	TIMORE MARYLAND, V	VHERE PRONO	Man (C	OLEMAN)	(Where deceased lived, If	institution	4 - AM
	NAME OF			UTION, GIVE STREET	A. STATE R. Maryland	Ken	of Co.	64-00
1		Baltimore	City Ho	spital	Rockhall	D. In	VES T	
	31	4940 Easte			E. STREET AND NUME	BER	152	№ 🛚
		Baltimore,	Maryla	ind 21224	Rockhall,	Maryland 2166	1	
5. SEX		6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours lost birthday)	If Under 1	Yr. If Under 24 Hrs.
Ma		White	WIDOWED	DIVORCED [11-27-37	32	Months D	Poys Hours Min.
done du	ing most of w	rorking life, even if retired)	HIDE KIND OF	F BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZET	N OF WHAT COUNTRY
	erk		Butch	er shop	Maryland		Unite	ed States
	HER'S NAM				14. MOTHER'S MAIDEN	NAME		
		Coleman			Beatrice B	ennett		
(Yes, no	Deceased or unknown)	Ever in U. S. Armed For Uf yes, give war or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	4940 East	ern Avet	PORESS
no				215-38-0458	BCH Records			
18.	207.	0 1		CAUSE OF DEAT		1.11	. / . 1 /	APPROXIMATE INTERVAL
	DISEASE	OR CONDITION DI	RECTLY		H CULL I	maifferens,	WILL BET	TWEEN ONSET AND DEATH
(Thi	s does no	I mean the made of	dying, e.g.,	(A) IMMEDIATE CAI	ISE leula	m 1 9		V mo
l nec	it lailute, a	Isthenia, etc. It means dication which coused	the diseases	DUE TO, OR AS	A CONSEQUENCE OF:			
		NTECEDENT CAUSES	deo III.	· (.	1			, /
DIS	EASES OF	CONDITIONS. II	oav. aivina	(B) DUE TO OR AS	A CONSEQUENCE OF:	*************		104
1126	to the	obave couse (A) CONDITION last	stoting the		A CONSEQUENCE OF			
ON	DEKLING			(c)				Managan
CERTIFICATION OITH TO TO TO TO TO TO TO TO TO TO TO TO TO	ER SIGNIFIC THE DEATH	ANT CONDITIONS CON BUT NOT RELATED TO THE NOTION GIVEN IN PART	NTRIBUTING IE TERMINAL	***************************************				
U 19A.	DATE OF C	OPERATION 198 CONI	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE	FINDINGS CO	ONSIDERED
THE O	A 2012				No	IN CERTIFYING C	AUSES OF DEA	ATH?
OP	ACCIDENT CONTRIBUT	WAS UNDERLYING	21B, home	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DI	D (If In Boltime	ore City, give ex	xoct locotion)
O DEA	ist thouty n	nedical exomined	elcJ					
SOFI	NJURY	Month) (Doy) (Year)		INJURY OCCURRED		INJURY OCCUR?		
IAPP	ROXJ		AAOH		• 🗆		4	
		hat (1)(this haspital)		e deceased from	3/30	19 <u>70</u> ta	4/9	19 70
		ost saw the deceased		4/9	19 70 on	d that In (my) (aur) op	inion deoth c	
and	hour and	from the causes state	ed abave.(1)	(We) (did) (did nat) v	lew the bady after dea	ith.		
23A.	SIGNATURE		000	191			23B, DATE, SI	IGNED
	11	will J.	Calles	NID DEGREE Phys	nding Med.	Staff Phys.	4/9	1/70
23 C.	PHYSICIAN NAME (Typ	2			3D. ADDRESS Balt	imore City Ho	spital	
		d J. Riley,		DEGREE	4940 Eastern	Ave., Balto.	, Md. 21	.224
24A. BUI	AOVAL (Spe	ATION, 248 DATE	24C.NA	ME of CEMETERY of CRE	MATORY 245		ity, town, or co	
	Burta	11 4/12//0		ley Chapel	Cem.	Rock Hall,	Md.	
25A. DA	E REC'D B	HEALTH DEPT.	25B NAME O	REGISTRAR	26C FUNERAL DIREC	TOR ,) AA	Chasti	ADDRESS ertown, Md.
			1000	4	1 Livill	E Wells		ertown, Ma.
\$ 150-R	EV. 1/1/68				77			

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7 1=	2 70	dan	BALTIMORE CITY	HEALTH DEPART	X	70 0000
BIRTH NO.	3 70 3	838	CERTIFICA	TE OF DE	ATH REG. NO.	70 3838
NAME OF DE	CEASED			2.	DATE AND HOUR OF DEATH	
Type or Print)	CONRAD JOSEPI	H GRANT			April 9, 1970	1:55 P M
B. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDE	NCE (Where deceased lived. If i	institution: residence before admission)
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	Md. C. CITY OR TOWN Silver	Montgomery Spring D. 1949	SIDE CITY LIMITS?
US Pub	lic Health Ser	rvice Ho	ospital	E. STREET AND N	- 0	YES NO NO
3100 W	yman Park Dri	ve			Grandview Apts.	(Ave)
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
M	W	WIDOWED	DIVORCED	7/3/31	lost birthday	
		10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tote or foreign country)	12. CITIZEN OF WHAT COUNTRY
_	working life, even if retired) tractor			DC		USA
3. FATHER'S NA				14. MOTHER'S MA	AIDEN NAME	
Ber	nard Grant			Dorot	hy Jordan	
5. Wos Decease	d Ever in U. S. Anned For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes	USN 1954-1		579-40-6583	Records_	US PHS Hospital	. Balto. Md
1B.,	0		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE HSTro	cytoma	Urs
	not meon the mode of ostherio, etc. It meons		DUE TO, OR AS	A CONSEQUENCE O	F: /	7
	mplication which caused					
	ANTECEDENT CAUSES		(p)			
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE	OF:	***************************************
	G CONDITION lost.	stoling the	(c)			
			(~/			***************************************
O OTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING				
IN THE DEA	TH BUT NOT RELATED TO THE					
		DITION FOR Y	WHICH OPERATION	20A. AUTOPSY?	(Yes of No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)	218. hom etc.	PLACE OF INJURY (e.g., ine, form, factory, street, of	n or about 21 C. WHE fice bldg., INJURY C	ERE DID (If in Boltimo	are City, give exoct lacotion)
OF INJURY	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOV	V DID INJURY OCCUR?	
(APPROX.)		Wh	ile At Not While			
22	that (III (this hasnital		he deceosed from		19 70 to A	pr. 9 19 70
) lost sow the decease		Apr. 9			vinion death occurred on the date
					ona that in (my) (our) op	officer death occurred on the dot
23A, SIGNAT		ed above. ((We) (did) (did hoh)	iew the body offe	er deoth.	Jose DATE SIGNED
23A. SIGNAT	L IAI À	A	Atte	nding Med	C Shell Ca	238. DATE SIGNED
Pel	enfluela	OF V	UD DEGREE Phy	s. Dire	ctor Phys.	4/9/70
PHYSICI.	AN'S Type		,	23 D. ADDRESS	W II	
	J. Philpott	, Surg ((R) DEGREE	US P	HS Hospital, Bal-	to, Ma.
AA. BURIAL CR		24C. N	AME of CEMETERY OF CRE	MATORY	24D. LOCATION	City, town, or county) (State)
Buria		0 Mt	Olivet Cemete	ery	Washington.	D. C.
APR I	1970 Rock		OF REGISTRAR	25C. FUNERAL	Washington, PRECIOR Francis J. iversity Blvd W	Collins ADDRESS Silver Spring, md.
/S 150-REV. 1/1/	/6B				Divu, W	



70 383	9 BALTIMORE CITY	Y HEALTH DEPARTMENT	70 3839
BIRTH NO.		TE OF DEATH REG. NO	70 3003
I. NAME OF DECEASED		2. DATE AND HOUR OF DEAT	н
HOWARD GARR		4-9-70	1 260 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence belere admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN:	STITUTION, GIVE STREET	MD. BALTO.	1/12
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN D. IN	ISIDE CITY LIMITS?
SOUTH BALTO. GENER	ZAC	BALTO-	YES NO
1/2		E. STREET AND NUMBER	
5. SEX 6. RACE 17. 44.4 DBL		8. DATE OF BIRTH 9. AGE (In years	57.
MILE CAUC WIDOW		4-Z6-01 lost birthdoyl	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if relired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
MACHINIST C.T.	Brandt Inc.	MARYLAND	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
archi bald Garriso	on	Many Wester tu	1911.
15. Was Deceased Ever in U. S. Armed Farces? (Yas, no or unknown) (It yes, give wer or dotes at service	16. SOCIAL	17. INFORMANT	ADDRESS
no none	SECURITY NO.	Myrtle Garrison 1161	Hamburg St.
18.	CAUSE OF DEAT	H ·	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Carele	ac & Respuditing anes	+
(This does not mean the mode of dying, e	(A)IMMEDIATE CAU	ISE	MENS
heast failure, asthenia, etc. It means the disea injury or complication which caused death.)	se,	A CONSEQUENCE OF:	
ANTECEDENT CAUSES	Physical	core al Dirección	
DISTANCE OF COMPANY OF	(B) V / COVINC	A CONSEQUENCE OF:	1 WEERS
ise to the above couse (A) stating the UNDERLYING CONDITION lost.	ha Y	cardial Injurition	2 WEERS
_ 11	- 1		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA	G ASCU	10	VEARS
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***	***********	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION FO WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	R WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	TIB PLACE OF INJURY (e.g., in		1 - 0
OR CONTRIBUTING CAUSE OF	nome, form, foctory, street, af	fice bidg. INJURY OCCUR?	ore City, give exoct locotion)
21D.TIME (Month) (Doy) (Yeor (Hour)	TE INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
₹ (APPROX)	While At - Not While		
	Work At Work		4/9 10 70
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive of		······································	f-f
· · · · · · · · · · · · · · · · · · ·		19and that In (my) (aur) ap	inian death accurred on the date
and have and from the causes stated above. 23A. SIGNATURE	(1) (We) (did) (did not) v	lew the bady after death.	
// / / /	Atte	nding Med. Stoff	23B. DATE SIGNED
23C.PHYSICIAN'S	DEGREE	. Director Phys.	4-10-70
DONALD M. WOOD		South Balte. Gus	Mes.
	DEGREE	100	r ast .
REMOVAL (Specify)	NAME of CEMETERY OF CRE		City, town, or county) (Stole)
	t.Olivet Jeme		kAve.Balto.Md
APRIT JOU WILL E TARE	e OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS CO.
/S 150-REV. 1/1/6B	ميدسو بديد	Schvainshar dun Scrvi	LIZOM.UPOSSOL.
3 (3V-AL 74 1/1/08			



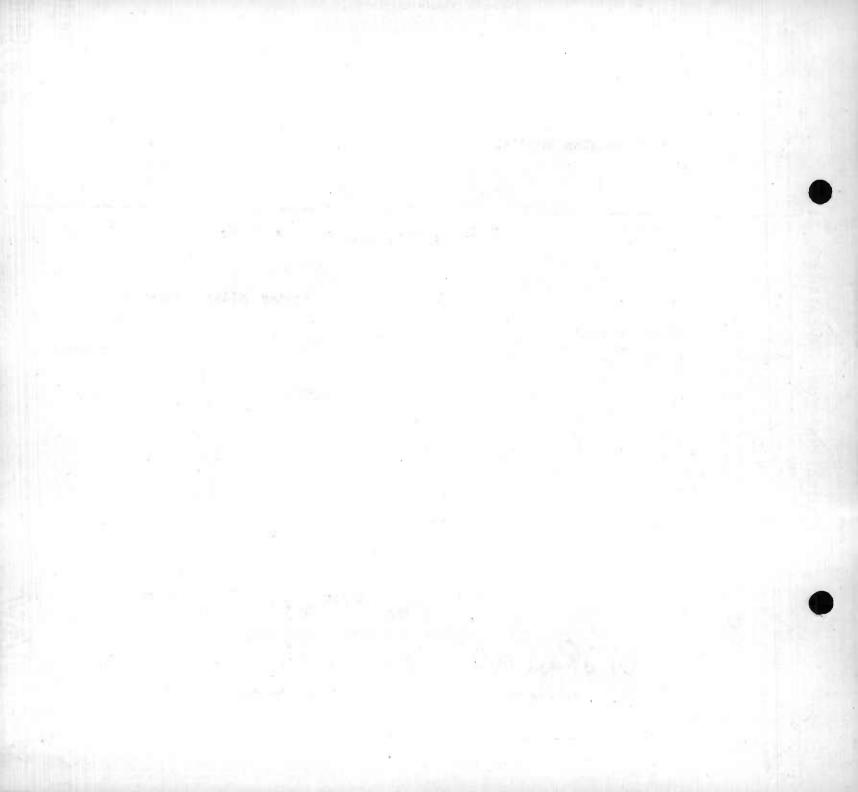
Т	70 0040
REG. NO	70 3840
AND HOUR OF DEATH	
Where doceased lived, If in	ostilution: residence before admission)
	2553
D. INS	IDE CITY LIMITS?
	YES NO
R LTWEDT AVENU	ır
TWERT AVENU	
last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
loreign country)	12. CITIZEN OF WHAT COUNTRY?
	USA
NAME	
PLE	
Beck, 2004 Bre	ADDRESS eitwert Ave. 21230
RECORDS - BAL	TO MD 21229
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1. 1.	
my jaule	<u> </u>
Preummi	< 1
-V · A	
Noll 208, IF YES, WERE I	INDINGS CONSIDERED
IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
(il in Boltimore	City, give exect location)
-	
INJURY OCCUR?	
19 70 to APR I	L 9 197.0
	nian death accurred an the date
h.	
	238, DATE SIGNED
Staff Phys.	04 09 70
SPITAL BALTO	MD 21229
LOCATION (Cit	y, town, or county) (Stote)
Baltimore, Mar	
OR	ADDRESS
Ford 2. 71. 41	107 Wilkon ave.

V. The second control of the second control of

VS 151-REV. 3/1/68

in the new forth of the property of the late of the la

M-11/2	A ma 2	842	BALTIMORE CITY	HEALTH DEPARTMENT	X	70 0040
SIRTH NO.	0 10 3	0.10	CERTIFICA	TE OF DEATH	REG. NO	70 3842
NAME OF DE	Florence	MILLER	THE IS	2. DATE	April 70	4:15
. PLACE IN BA	LTIMORE MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WA. STATE	here deceased lived. If	institution: residence before odmissio
FULL NAME OF	F (IF NOT IN HOSPI) ADDRESS OR LOC	AL OR INSTITU	UTION, GIVE STREET	Maryland B c. CITY OR TOWN Baltimore	7/10.CA	SIDE CITY LIMITS? YES NO
33John	ns Hopkins Hos	pital		E. STREET AND NUMBER	Road 21220	
. SEX	6. RACE	7- MARRIED	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 He Months Doys Hours Min.
F	W	WIDOWED	_ =	6/3/00	lost birthday)	Monins Doys Hours Min,
	CUPATION (Give kind of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF WHAT COUNT
Housew:		Nurse	ery School	Tyrone, P	enna.	US
3. FATHER'S NA			J	14. MOTHER'S MAIDEN N		
HOL	N SPRANKLE			LAURA ECK	ERT	
S. Wos Deceose	d Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	was 4 P	ADDRESS
No No	(If yes, give wor or dot	es of service)	217-22-5350	Foster	Miller (Hus	band)
18.	2 2 1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
TOISE	ASE OR CONDITION DI	RECTLY		OTTA		
(This does	not mean the made of	dving, e.g.,	(A) IMMEDIATE CAL	SE CVA A CONSEQUENCE OF:		4 hours
heart failure	, asthenia, etc. It means	the disease,	DOE TO, OR AS	A CONSEQUENCE OF:		many
injuly at co	ANTECEDENT CAUSES			HASCVD		years
DISEASES	OR CONDITIONS, if		(B)DUE TO, OR AS	A CONSEQUENCE OF:		
rise ta 1	he obove cause (A)					
UNDERLIN	IG CONDITION lost.		(C)			
TO THE DEA	IFICANT CONDITIONS CO	HE TERMINAL	.00000000000000000000000000000000000000			
	OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF	21 B hom etc.	ne, form, foctory, street, o	n or obout 21 C. WHERE DID	(If In Boltime	ore City, give exoct location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
OF INJURY		Wh	ile At Not While			
22 1 - 11	4 - 4 /12 / 41 / - 1 14-				19 70 to 6	Apr 19 70
	y that (1) (this hospita		/	6 Apr 70		-
) last saw the deceos					olnian death occurred on the de
ond hour a		ted obove. (I) (We) (did) (did not) v	lew the body ofter deat	h.	23B, DATE SIGNED
ZSA. SIGNAI	1177	mC	Atte	ending Med.	Staff M	1 A a s
226 Brive	M-9/02	7 1/1.	GEGREE Phy	s. Director L	Staff Phys.	6 1911 10
NAME	W. J. Roger	s MD	7. 6. 1	Johns Hopk	ins Hospital	
4A. BURIAL CR	EMATION, 248. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 24D.	LOCATION	City, town, or county) (State)
Buria		70 B	el Air ^M emoria	1	B el Air	Md.
	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
APR 13	1970 Blue &	The State of	Maria Company	Lassahn! Fur	eral Home 71	Ol Belair Road 212
'S 150-REV. 1/1	/6B	-			1	



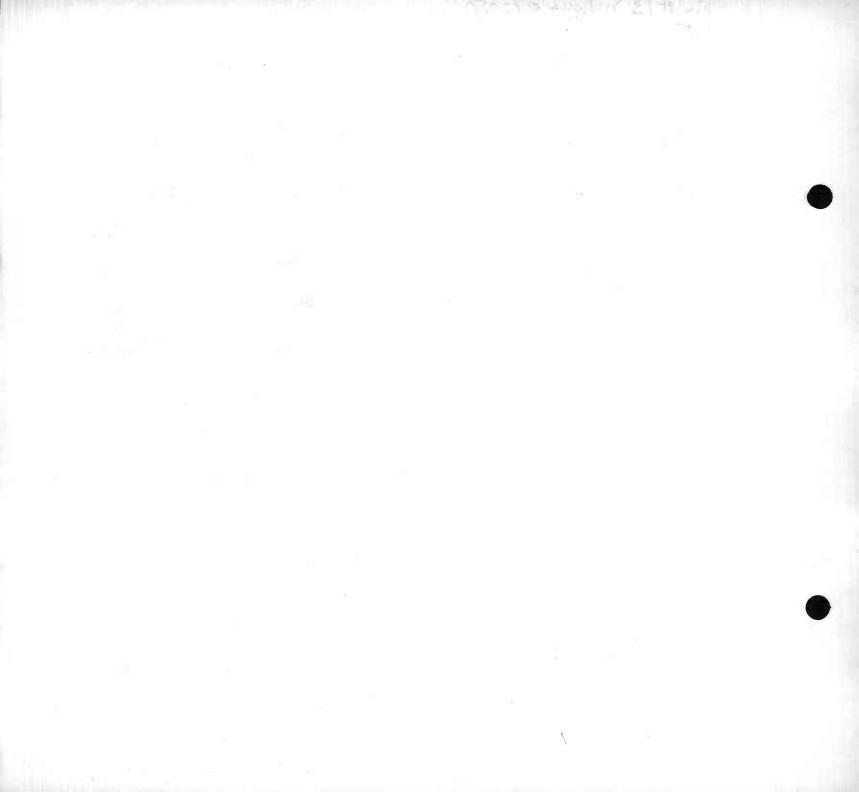
VS 150-REV. 1/1/68

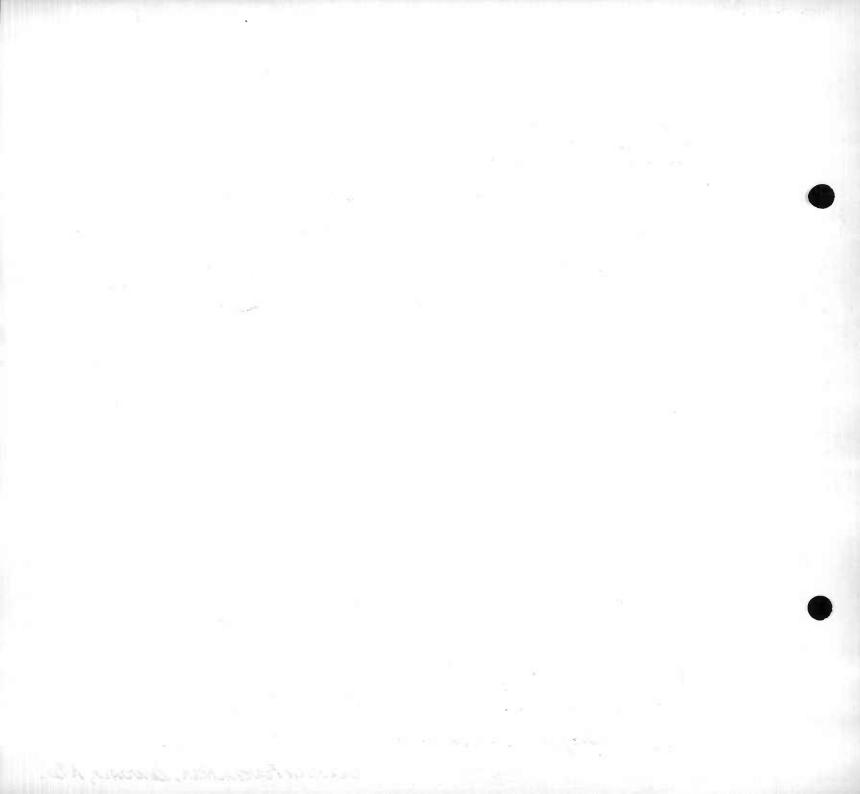


IMPORTANT

DIRECTOR:

FUNERAL





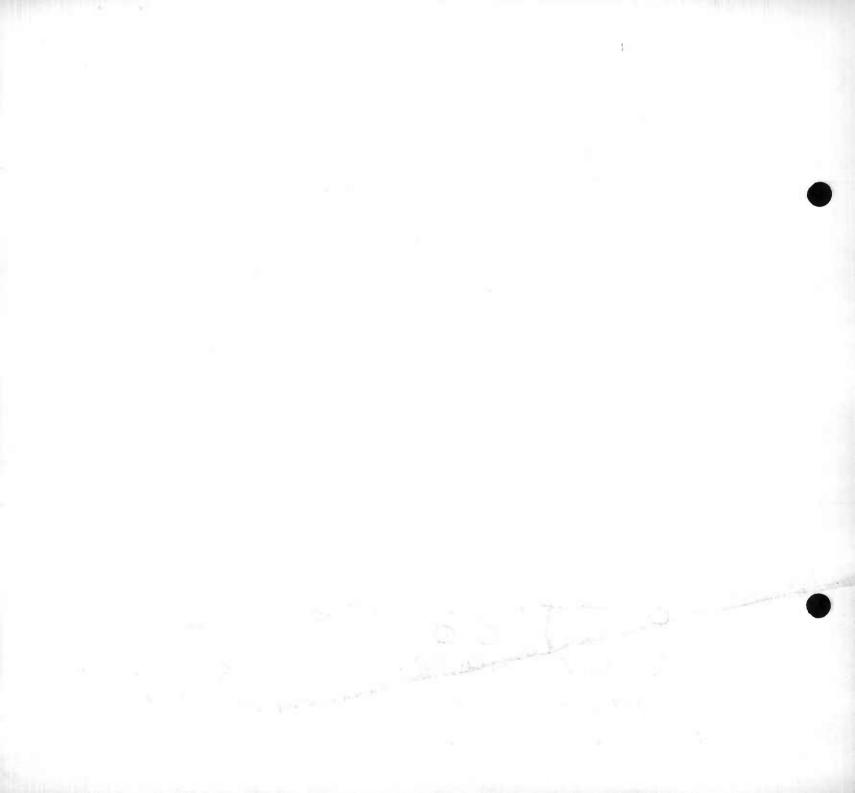
6009 Harford Rd. - Balto. Md. 21214

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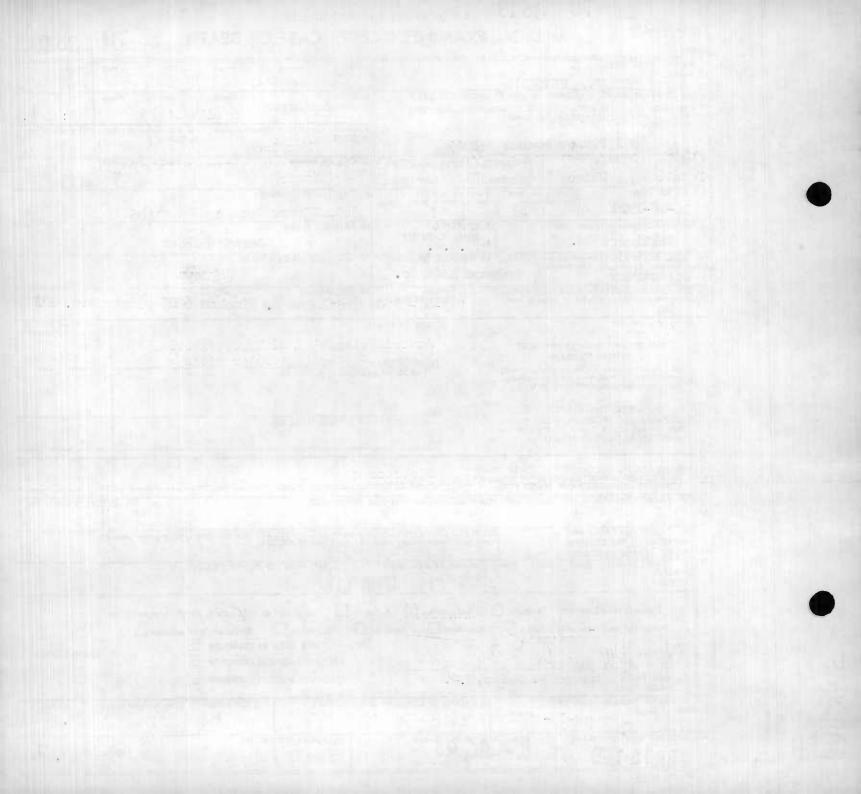
IMPORTANI

DIRECTOR:

FUNERAL

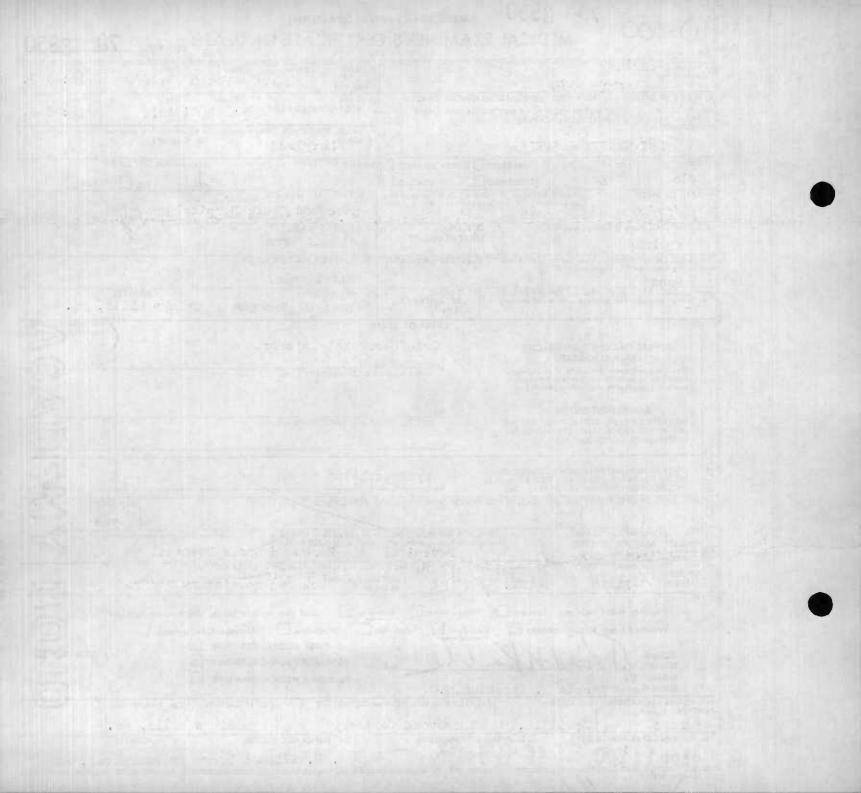


T-525 AMEDICAL EXAMINEDIS	
MEDICAL EXAMINER'S C	LEKTIFICATE OF DEATH REG. NO. 70 3849
I. NAME OF DECEASED 4.	2. DATE Known Manth Doy Year Hour
(Type or Print) STELIA FINCHAM.	OF Fellmoted [7]
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD April 7,1970 5:25 A.M.
0005 P1	5. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission) A. STATE B. COUNTY
6005 Plumer Avenue (DOA)	Maryland 2631
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Baltimore YES T NO T
9. DATE OF BIRTH 10-28-1911 10-28-1911 10.AGE (in years ff Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER
10-28-1911 10st birma oy) 58 Months : Days Hours Min.	6005 Plumer Avenue 21206
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore Md. WHATCOUNTRY?	Joseph Belcer
14A-USUAL OCCUPATION (Give kind of work) 14B-KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even if refired) Seamstress Redwood Rain Co.	Unknown
(Yes, no or unknown) (If yes, give war or dates of service) 17. SOCIAL 25-U1-1120	Geraldine E. Fincham 6005 Plumer Ave. 21206
19. CAUSE OF DEAT	H APPROXIMATE INTERVAL
LEADING TO DEATH	ause Cardiovascular Disease SACONSEQUENCE OF:
UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAY	
	no
때 UTING LI CAUSE OF DEATH.	n or obout 22C. WHERE DID (It in Baltimore City, give exact focation) bidg., etc.) INJURY OCCUR?
m. WORK AT WO	WHILE CORK CORE CONTROLL CONTROL CONTROLL CONTROLL CONTROLL CONTROLL C
23. I certify that I held on Inquiry Inspection X Auto	opsy and that on this basis, death in my opinion
resulted from: Notural couses X Accident Suicide	
	Deputychief Medical Examiner
ACTUAL MIS 448 / /	ASSISTANT MEDICAL EVALUATED TO DATE SIGNED
SIGNATURE M.D.	
EXAMINER'S Werner U. Splitz, M.D.	ASSOCIATE MEDICAL EXAMINER 4/7/70
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 4-10-1970 Holy Redeemer	or CREMATORY 24D, LOCATION (City, town, or county) (Stote)
	Dat of more of of
APR 13 1970 258. NAME OF REGISTRAR	Lassahn, Funeral Home 7401 Belair Rd.21236
VS 151-REV. 1/1/68	



70 3850

1	D-00	0 "		OICAL		BALTIMORE CITY H				OF D	EATH	REG. NO.	70	2850
	RTH NC.											REG. NO.		2000
(Ťy	I. NAME OF DECEASED (Type or Print)						2	OF	Known [March	21,19	70 Year	10:45 P.
4.	TOMMY WAYE 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				3	DEATH DATE	Estimoted		onth	Doy	Yeor	Hour M.		
FUI	L NAME OF SPITAL INSTITUTION	(IF NO		AL OR INS		ON, GIVE STREET	-	PRONOU	NCED DEAD	Ma	arch 2	1,1970)	10:45 P.
	2 63	VERSIT	HOSP:	ITAL			A	A. STATE Ma	ryland	vhere dec		COUNTY	i: residence be	efore odmission)
	SEX	7. RACE		8- MARR	IED _	NEVER MARRIED][[C. CITY OR T	OWN		0	. INSIDE CI	TY LIMITS?	
	la le	Negro		WIDOW		والتنف الأرافان المساو]					Y	ES N	10 🗆
	6/27/4	9	10. AGE (In	20	Month	der 1 Yr. II Under 24 Hr.	. E	Rosew	ood Sta		lospit	:a1		
11.	BIRTHPLACE(S		n country)			THAT COUNTRY?	1:	3. FATHER'S Thoma	NAME as Waye	9				
I4A dop	USUAL OCCU	PATION (Give	e kind of work	14B. KIND	OF B	USINESS OR INDUST	RYI	5. MOTHER	S MAIDEN	NAME				
3011	None	Antring metea	en nremed)					Mabe.	l Nobel					
16. (Ye:	WAS DECEAS	(il yes, give w	U.S. ARMED	FORCES of service	?	17. SOCIAL SECURITY NO. None		Rosewoo		cords	0		DDRESS Mills,	Md.
	19.	26.60				CAUSE OF DE	ATH							ROXIMATE INTERVAL
	DISEAS	E OR COND	ITION DIREC	CTIV		Cranio	er	rebra1	Tniuri	es			BETWE	EN ONSET AND DEATH
П	f-1 - 1	LEADING TO	DEATH			(A)IMMEDIATE								
	heart follure	ol meon the , osthenio, etc.	. It meons the	diseose,				A CONSEQU	ENCE OF:					
	infort or con	nplicotion which	th coused dec	oth.)	13.							•		
		NIECEDENI				(8)								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.														
2	UNDEKLIIN	NG CONDIII	ON LAST.			(c)								
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERMI	INAL	Hydro	cep	phalus						
ERTI						VHICH OPERATION V	/AS	PERFORME	D				21. AUTOP	SY? (Yes or No)
	2		1300										yes	
MEDICAL		NAL CAUSE			228. PL	ACE OF INJURY(e.g. lorm, foctory, street, off	, in	or obout 220	WHERE D	OID (II in	Boltimore C	City, give exo		
9	UNDERLYING UTING CA					Hosepita	L	Ro	sewood	Stat	te Hos	spital	53	00
2	OF INJURY	(Month) (D	oy) (Yeor		1	E.INJURY OCCURRED			· HOW DID	INJURY	OCCUR?			
	(APPROX.) 2	-26-70		UNK.	m. WC	ORK NO	WOR	HILE X U	nknown	how	injur	су осси	red	
	1 cert	ify that I he	eld on la	nquiry [utop	esy X	and that o	on this b	basis, de	eath In my	opinion	
resulted from: Natural couses Accident Sulcide Homicide Undetermined manner														
	ACTUAL	1	- 1-	11/		11			HEF MEDICA		_		0	ATE SIGNED
	SIGNATI		uld f	11	au	M.	D.		ANT MEDIC			d		
	NAME (T		nald N	. Kor	nb l	um,M.D.		ASSOC	IATE MEDIC	AL EXAM	NINER	,	3/2	2/70
24/ RE	MOVAL (Specif	AATION. 12	4B. DATE			NAME of CEMETERY	or	CREMATOR	Y 2	4D. LOC	ATION	(City, town	, or county)	(Stote)
	Burial		April :	10.70		Rosewood C	eme	eterv		01	wings	Mills	. Md.	
_	. DATE REC'D		EPT.	25B. N	AME C	DE REGISTRAR			NERAL DIRE				DDRESS	
	APR 1	3 1970	Ribert	5 40	Libe	4,760	10	J. I	F. Elir	ne &	Sons	Reist	erstown	. Md
VS	151-REV. 1/1/68		11	1000			-							,



VS 150-REV. 1/1/68

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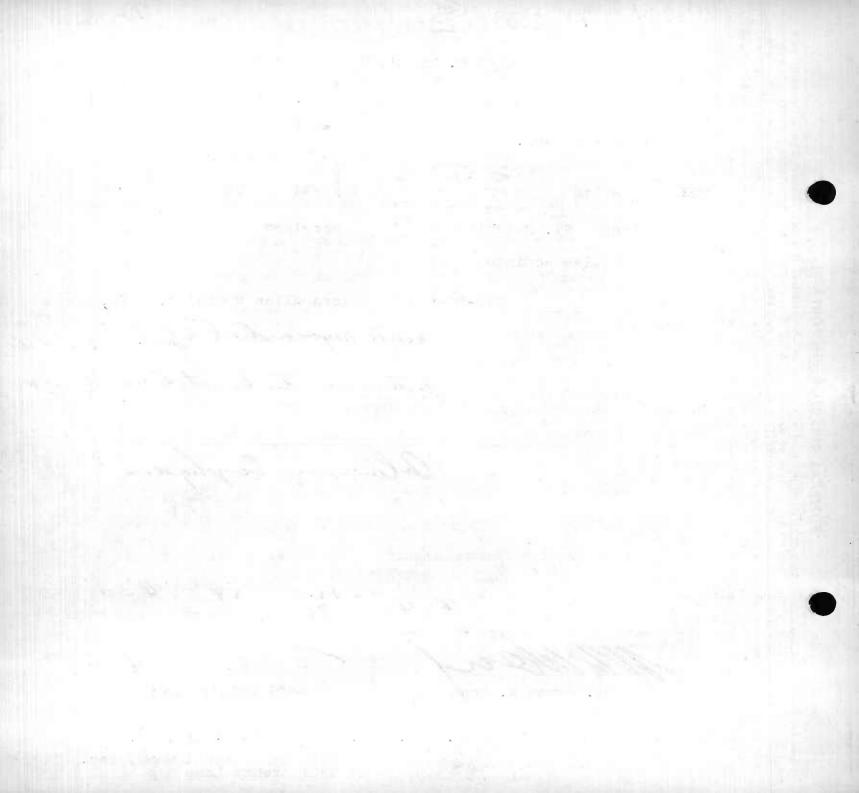


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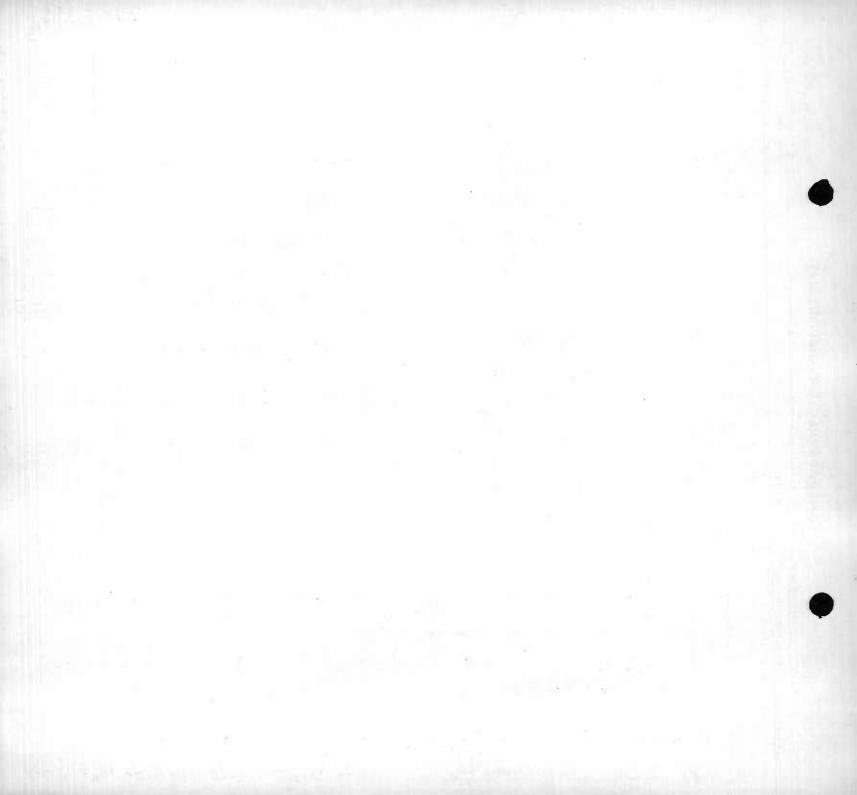
BALTIMORE CIT	Y HEALTH DEPARTMENT
1-162 70 3852 CERTIFICA	ATE OF DEATH X REG. NO. 70 3852
1. NAME OF DECEASED (Type or Print) JOSEPHINE TABORSKY	2. DATE AND HOUR OF DEATH April 7, 1970 12:50 p. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: residence befare admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. Balto, c. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO
House in the Pines (Belvedere)	E. STREET AND NUMBER House in the Pines
	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
female white WIDOWED DIVORCED	5/9/77 lost birthdoy) Months Doys Hours Min.
tion. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if refired) Housewife at home	11. BIRTHPLACE (Stote or foreign country) Czechoslovakia U.S.A.
13. FATHER'S NAME Frank Matousek	14. MOTHER'S MAIDEN NAME Barbara Miller
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 16. SECURITY NO.	17. INFORMANT ADDRESS 21204
216-07-0137D	Emil Taborsky, son, 708 Saylor Court
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH USE CLEERLE Cornery Chamboes - 48 hrs. S A CONSEQUENCE OF: I EXCELLE ** CERNARY CATARIO Sebras > 42 arms. S A CONSEQUENCE OF: I A SECOND TO SERVED SEBRED > 42 arms. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in or obout 21C, WHERE DID office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED White At Not White At Not Work At Work	21F. HOW DID INJURY OCCUR?
and hour and from the couses stated above. (I) (We) (did) (did not)	tending Med. Director Phys. 23B. DATE SIGNED 4/8/70 ^ 23D. ADDRESS Marylander Apt. EREMATORY 24D. LOCATION (City, town, or county) (Stote)
APR 13 1970 Liber E. Taller OF REGISTRAR	Schimunek Funeral Home, Inc. 3331 Brehms Lane

6714 Queens Gerry Rd.

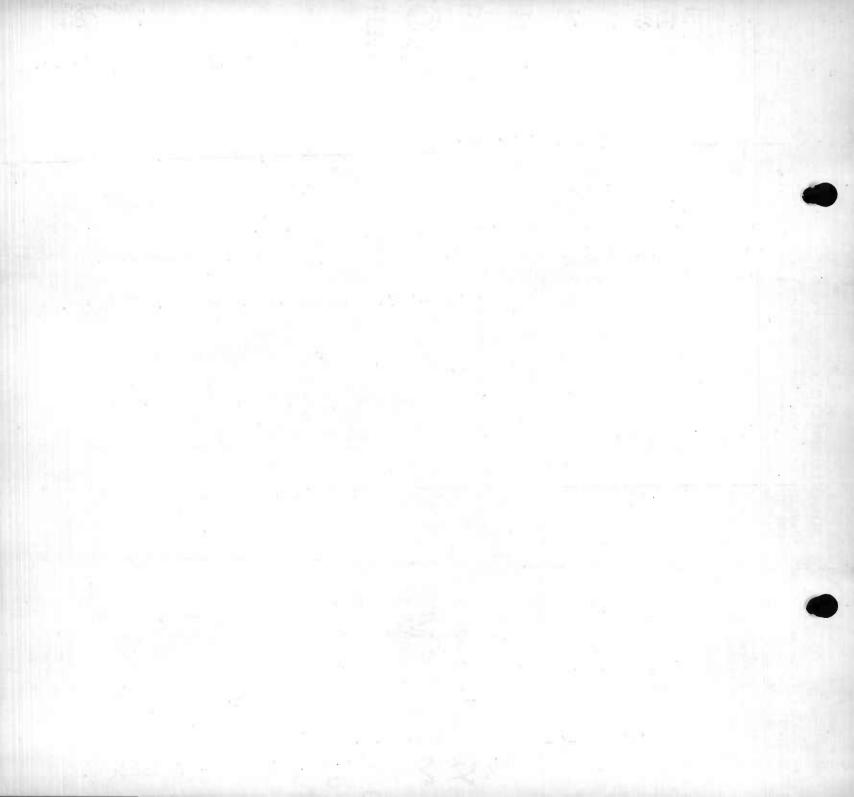
M. DELL TID TO		HEALTH DEPARTMENT		70 2050
70 385	CERTIFICA	TE OF DEATH	REG. NO	10 3003
BIRTH NO.	OZIKTII TO		AND HOUSE OF DEATH	
.NAME OF DECEASED Type or Print)			AND HOUR OF DEATH	
	IAM D. McGINLE		7/70	A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONOUNCED DEAD	A. STATE B. COU	nere deceased lived, If in: INTY	stitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR I	NICTITUTION CIVE STREET	Md., 21	205	1/241
OSPITAL OR ADDRESS OR LOCATION)	Natification, Give street	C. CITY OR TOWN		DE CITY LIMITS?
NSTITUTION		Baltimore		YES X NO
4907 Orville Ave.		E. STREET AND NUMBER		TES Z. NO
Jasor Orville Ave.			110 A	
			lle Avenue	
SEX 6. RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Il Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
male white wind	OWED DIVORCED	12/3/94	75	
DA. USUAL OCCUPATION (Give kind of work 10 B. KIN	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTR
one during most of working life, even if retired)				
Supervisor Ft. Hol	abird	Maryland		
3. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
William McGin	lev			
		17 1150014 4115		4 2 2 2 2 2
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	216-09-8639A	Laura Allar	McGinlev.	wife, above
1B. 1 1 1 1 1 1 1 1 1	CAUSE OF DEATH			APPROXIMATE INTERVAL
410,9	1	7	0.071	BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	lecul	e myscare	was myan	chia 7 1 -001
(This does not mean the made at dying,	(A) IMMEDIATE CAU		7	
heart failure, asthenio, etc. Il means the dis		A CONSEQUENCE OF:	0	
injury ar complication which caused death.)	1 6	O. T.	Lon tol	sand III are
ANTECEDENT CAUSES	ara	w med cu.	vert.	10 men
DISEASES OR CONDITIONS, if ony,	(B)	A CONSEQUENCE OF:		
rise to the above cause (A) stoting	99	A GOTTOLEGOLITICE OT .		
UNDERLYING CONDITION last.	(c)			
11	0 /	7	0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING			2000
= 110 THE DEATH BUT NOT RELATED TO THE TERM		wrang à	regelyse	eng for
V DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or)	No) 208, IF YEL WEDE E	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED			IN CERTIFYING CAL	ISES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	210 01 4.05 05 15111091	n of shoul 21C WUERE DID	(It to Delet	64
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., inhome, form, loctory, street, of	fice bldg., INJURY OCCUR?	(II In Baltimore	e City, give exoct locotion)
DEATH (notify medical examiner)	etc.)			
21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
S OL HAJOKI	While At Not While			
(APPROX)	Work At Work			
22. I certify that (I) (this haspital) atten	ded the deceased from	1-12	195 8 to	4-7 1970
	all.	10 70		
that (I) (we) lost saw the deceased alive	an	and t	that in (my) (our) apir	nian death accurred on the da
and havr and fram the causes stated aba	yes (1) (We) (did) (did not) v	iew the bady after death	•	
23A. SIGNATURE				23B. DATE SIGNED
1111/1/1/1/10		nding Med.	Staff	16-0-70
1100000	DEGREE Phys		Phys.	4-9-10.
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	Delais Des	
NAME (Type) Dr. Wyman K	/-	0801	Belair Road	
4A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CRE	MATORY 124D	LOCATION (Cit	y, fown, or county) (Stote)
REMOVAL (Specify)	ACTIVATE OF CENTELEKT OF CKE	240,	LOCATION JUI	y, lowit, or coontry? (3fore)
Burial 4/10/70	Balto. Nat. Co	em. H	Baltimore,	Md.
SA. DATE REC'D BY HEALTH DEPT 258. NA		25C. FUNERAL DIRECTO	R	ADDRESS
APR 13 1970 24 6 8 3	a. Re D "	Schimunek.	Funeral Ho	
		3331 Brel	ims Lane	
S 150-REV, 1/1/6B				

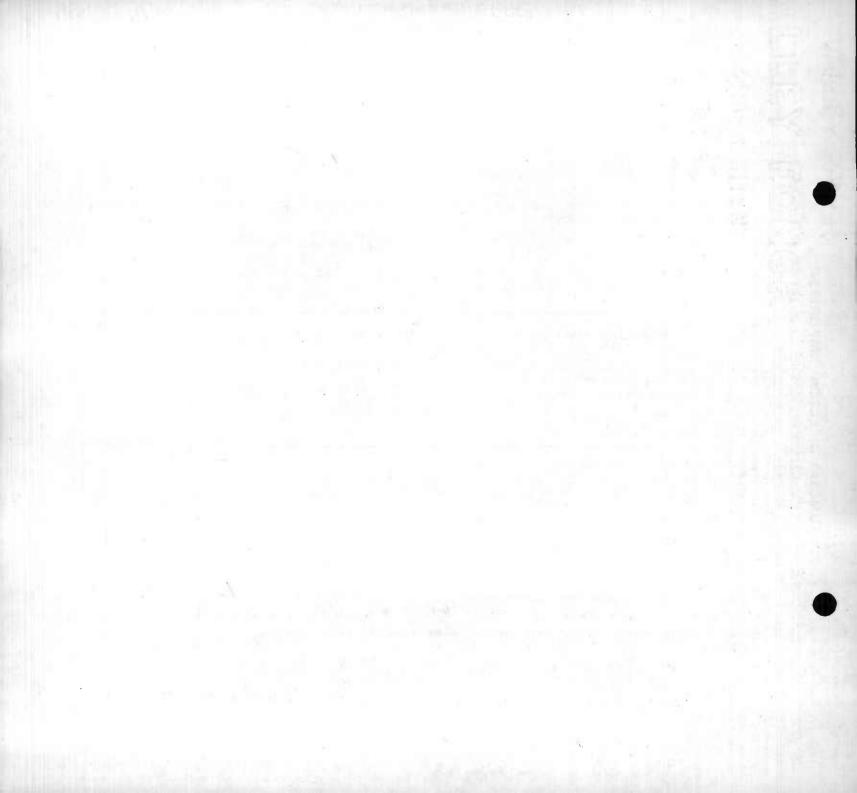


C 150 70 00	BALTIMORE CITY	HEALTH DEPARTMENT		70 2054
5-630 70 38	O4 CERTIFICA	TE OF DEATH	REG. NO	70 3004
NAME OF DECEASED Mattie	Sherr		10-70	3130 p.
B. PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived, if in	stitution: residence before odmissi
FULL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?
90 Crawford Nu	rsing Home	Ba I to		YES NO NO
2117 Denison S	T.	2727 W.	Fairmou	nt Ave
- AICODA	RIED NEVER MARRIED DIVORCED DIVORCED	4-26-1893	9. AGE (In yoors lost birthday)	Months Doys Hours Min
OA, USUAL OCCUPATION (Give kind of work 10 B, KIN one during most of working lite, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or fore	ign country)	12. CITIZEN OF WHAT COUN
housewife		N.C.		
3. FATHER'S NAME UN Known		Anna B	De //	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown? (If yes, give war or datas of ser	vice) 16. SOCIAL SECURITY NO.	Wm H. She	ennel a	ADDRESS
110	CAUSE OF DEAT		2	APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT			BETWEEN ONSET AND DE
LEADING TO DEATH	· · · · · · · · · · · · · · · · · · ·	use Cerebral th	vombosis	untra
(This does not moon the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the dis	eose,			
ANTECEDENT CAUSES	Campha	1 a . Xantagalan	250	L
DISEASES OR CONDITIONS, if ony,	(B) CE COTA	Larterioscler	8373	unknown
rise to the obove couse (A) stoling				
UNDERLYING CONDITION 1051,	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM				
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A). □ 19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED		NO	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID	(If In Boltimor	o City, give exect locotlen)
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	White At Not White	e 🗍		
	Work At Work		7. "	
22. I certify that (!) (this hospite!) otten			19/0 to /t/	me 10 1975
that (1) (we) last sow the deceased alive	on April9	1970ond th	ot in (my) (our) opi	nion deoth occurred on the
and hour and fram the couses stated abo	ve. (1) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE	- A 10			23B. DATE SIGNED
Mice Ram to How	west 14 AM	ending Med. Director	Staff Phys.	April 13, 1970
23 C. PHYSICIAN'S ABRAHAM B, HE	IRWITZ MD	23D. ADDRESS	RI RICTI	·mi
	DEGREE	1501 KE - CUG!	To Buch	4, 179.
RIDRIAL CREMATION, 24B. DATE REMOVAL (Specify) 4-13-70	Mt. Calvany (EMATORY 23D. L	OCATION (C)	ty, town, or county) (State
SA. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	1011-1	3 ADDRESS
APR 13 1970 P. Cafe E. Fall	on Man	Sullivon Fund	ralHome-1	V. Arlington Av.
S 150-REV, 1/1/6B		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		The state of the s



	70 00	BALTIMORE CITY	HEALTH DEPARTMENT		PIO -0==
1-616 BIRTH NO.	70 38	355 CERTIFICA	TE OF DEATH	REG. NO	70 3855
1. NAME OF DECEASED (Type or Print)	Frank A.	Trabert		il 6, 1970	6:30 P. M.
3. PLACE IN BALTIMORE	MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	
FULL NAME OF (IF I HOSPITAL OR ADI	NOT IN HOSPITAL OR DRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?
00 1	404 N. Milt	on Avenue	Baltimore E. STREET AND NUMBER 1404 N.	Milton Aven	YES NO
SEX 6. RACE	7	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
ruce	hite WID	OWED DIVORCED	July 21, 1916	lost birthday)	Months Doys Hours Min,
OA, USUAL OCCUPATION one during most of working life Orastsman	even if retired)	ind of Business or Industry Wolf-Mann	Balto. Md.	,	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	
Philip TR				Reinsfelder	
S. Was Deceased Ever in Cres, no ar unknown) (If yes,		16. SOCIAL SECURITY NO. 2/5-05-108/	Margaret Trail	bert -1404 N.	Address Milton Ave-
18. 1.L.1 D , CI	1	CAUSE OF DEAT	9		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CON rise to the above UNDERLYING COND OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITIO	cause (A) slatin ITION last. II DINDITIONS CONTRIBL DITRELATED TO THE TER	g the (C)	A CONSEQUENCE OF:	legs:	
DISEASE OR CONDITION		FOR WHICH OPERATION	20A. AUTOPSY? (Yes of	10) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING DEATH (notify medical	CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or about 21C. WHERE DID	(If In Baltimor	re City, give exoct locotion)
_	(Doy) (Year) (Hou	While At Work At Work		JURY OCCUR?	
22. I certify that (I) that (I) (we) last say		anded the deceased from		19 70 to Up	nian death accurred on the date
		Give. (1) (Was (vid) (did) (a)			O
23A. EIGNATURE	an 44	Reych WILL AM		Staff Phys.	Cyril-7-70
23 C. PHYSICIAN'S NAME (Type)	VILLIAM (GEVER MA	23 D. ADDRESS / 56/	1. Milto	robe.
REMOVAL (Specify)		Holy Redeemer (LOCATION	ity, town, or county) (State)
Burial 25A. DATE REC'D BY HEAD ADD 13 154	4-10-70 TH PSET 25B. 7	AMJOF REGISTRAR	25C. FUNERAL DIRECTO	P In Chin	ADDRESS
VS 150-REV. 1/1/6B		Daniel Marie .	o med	er Inc-0415	Delair Rd.





T-512 70 38	EM	TE OF DEATH	REG. NO	70 3857
BIRTH NO. 1. NAME OF DECEASED	CERTIFICA			
	DESALES THOMPS	SON)	HOUR OF DEATH	10 1 0/5
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD		doceased lived. If in	stitution: residence before admission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	1218 N.	Charles	DE CITY LIMITS?
University Hosp.		Baltimore		YES 4 NO
38		E. STREET AND NUMBER	charles	64
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In yours	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
	OWED DIVORCED	11217.8112	st birthdoyl	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KI)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY
Retrigerator Meckanic. Re	tired	Wq.		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
Francis Xavier Thomp	800	Edith G. Gw	Auto Com	
15. Woe Doceased Ever in U. S. Armed Forces?/ (Yos, no or unknown) (If yes, give wor or dotos of set	1 6- SOCIAL	17. INFORMANT	ynne	ADDRESS
Yes. Mar. 27.1942 to Dec 19-	45 578-03-5303	Mrs. Helen	Thompson	
118.	CAUSE OF DEATH	TOTAL ONLOWS	rles St. B	altimore 21201
DISEASE OR CONDITION DIRECTLY	0			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH		ogenic concinor	4.4.4	1
(This does not meon the made at dying,	e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:	WEO	1 mos.
heart foilure, asthenio, etc. If means the dis injury ar camplication which caused death.)	ease,			
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any,	iving DUE TO, OR AS	A CONSEQUENCE OF:		*******************************
rise to the above cause (A) stating UNDERLYING CONDITION tast.	1110			
	(c)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	******		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
U 21A: ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examines)	21B. PLACE OF INJURY (e.g., in home, form, loctory, street, off etc.)	or obout 21 C. WHERE DID	(If tn Boltimore	City, give exect location)
21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUP?	
≥ (APPROX.)	While At Not While			
22 1	Work L At Work			1
22. I certify that (I) (this haspital) attend		(1/1)	10 to Ap	
that (1) (we) last saw the deceased alive		19and that	in(my) (our) apin	lan death occurred on the date
and have and from the causes stated above	red(1) (We) (did) (did nat) vi	ew the bady after death.		
23A. SIGNATURE	1		- (23B. DATE SIGNED
Hubert J. Hun	Ley M) DEGREE Phys.	ding Med. Sk	off ⊠	April 8, 1970
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS		
Hubert T. Gu	leu. Decer	University	11-20	
	C. NAME OF CEMETERY OF CREA	MATORY 24D. LOC	ATION (Oliv	, town, or county) (Stote)
WEIGHO A WE (Shocilly)	Loudon Park Na	111111111111111111111111111111111111111	altimore 1	
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Y OT HOLE	
	See M.D.	HENRY SANDER	& SONS. TI	NC .
VS 150-REV. 1/1/68	3, 41	Deltimore Md		



The Living States

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission a STATE B. COUNTY D. INSIDE CITY LIMITS? NOF YES If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltlmore City, give exect location) ...and that in(my) 😝 apinion death accurred on the date 23 B. DATE SIGNED (City, town, or, county) BALTIMORE, Maryland

Cardin Hayinty Falue.

Cardin Heart mailing.

Cardinanchington, CV 613.

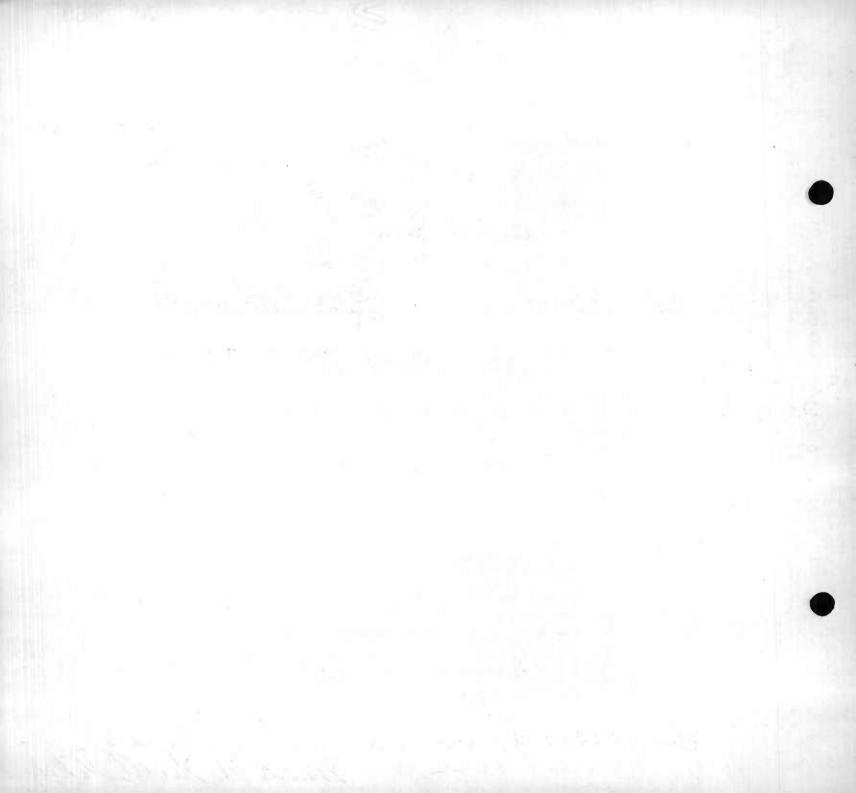
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VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT





Such

RIP	A-65	2 70	3862		HEALTH DEPARTMENT	REG. NO	70 3862
1. N	AME OF DEC	Lucy E.	Ahrer		2. DATE A	ND HOUR OF DEATH	050
3.	PLACE IN BAL	TIMORE, MARYLAND, W			April	11, 1970	stitution residence before admission)
					A. STATE B. COO	NTY	stitution residence before odmission)
HC	LL NAME OF	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland c. city or town	lo this	DE CITY LIMITS?
1	/ / /				Baltimore	D. 11 13 11	YES NO
4	7 Unio	on Memorial	Hospit	al	E. STREET AND NUMBER 4051 The Ala	ımeda	
5. S	F	6. RACE	WIDOWED		8. DATE OF BIRTH 3-13-1884	9. AGE (In years lost birthdox)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A	USUAL OCCI	JPATION (Give kind of work working life, even il refired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Lore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	House	wife	Own	Home	Baltimore,	Maryland	U.S. A.
13.	FATHER'S NA				14. MOTHER'S MAIDEN NA	ME	<u></u>
		rick W. Cou			Emma Fran	ces Norbeck	
15. Yes	Nos Deceased no or unknown	Ever in U. S. Armed Fore	s of sorvice)	SECURITY NO.	17. INFORMANT		ADDRESS
	No		21	6-10-2270 D	Mr. C. E. I	Dunham 40	51 The Alameda
CAL CERTIFIC	(This does in heart toilure, injury or com DISEASES Or ise to the UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OR CO. 19A-DATE OF	E OR CONDITION DIR LEADING TO DEATH of mean the made of asthenio, etc. II means plication which coused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) is CONDITION last. II CANT CONDITION S CONDITION S CONDITION GIVEN IN PART OPERATION 198 CONT OPERATION 198 CONT TWAS UNDERLYING TING CAUSE OF medical examined (Month) (Doy) (Year)	dying, e.g., the disease, deoth.) any, giving stating the STRIBUTING IETERMINAL 1 (A). DITION FOR VORMED	(B) Q Q DUE TO, OR AS (C)	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE FIN CERTIFYING CAU	BETWEEN ONSET AND DEATH NOUS 2 , INDINGS CONSIDERED ISES OF DEATH? City, give exect location)
8	(APPROX.)		Whit	lo At O Not While		0 **	-1
	22. I certify	that (I) (this hospital)			June	1968 ta	eb 20 10 10
		last saw the decease		701	0 7.7	•	Ian death accurred an the date
	and have and	from the causes state	ed above. (I)	(Wa) (did) (did not) vi	ew the bady after death.		
	23C. PHYSICIAL NAME (T)	E Class	uff	DEGREE Phys	ding Med. Director D	Staff Phys.	23B, DATE SIGNED
	NAME (T)	Dr. Car	rlos E.	Aranaga	1701 Merid	ene Drive	
24A	BURIAL CREA	MATION, 248. DATE	24C, NA	ME OF CEMETERY OF CRE	MATORY 24D. L	OCATION (City	, town, or county) (Stoto)
B	removal (s urial	4-14-70	Wo	odlawn Ceme	etery V		Balto., Co., Md.
25A		BY HEALTH DEPT. 1970 Policie &	25B NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS 21212 Ons Co. Md.

H-652 70 3862

S868 70 3868

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

4/20/11. Coure thon form form funeral duector.

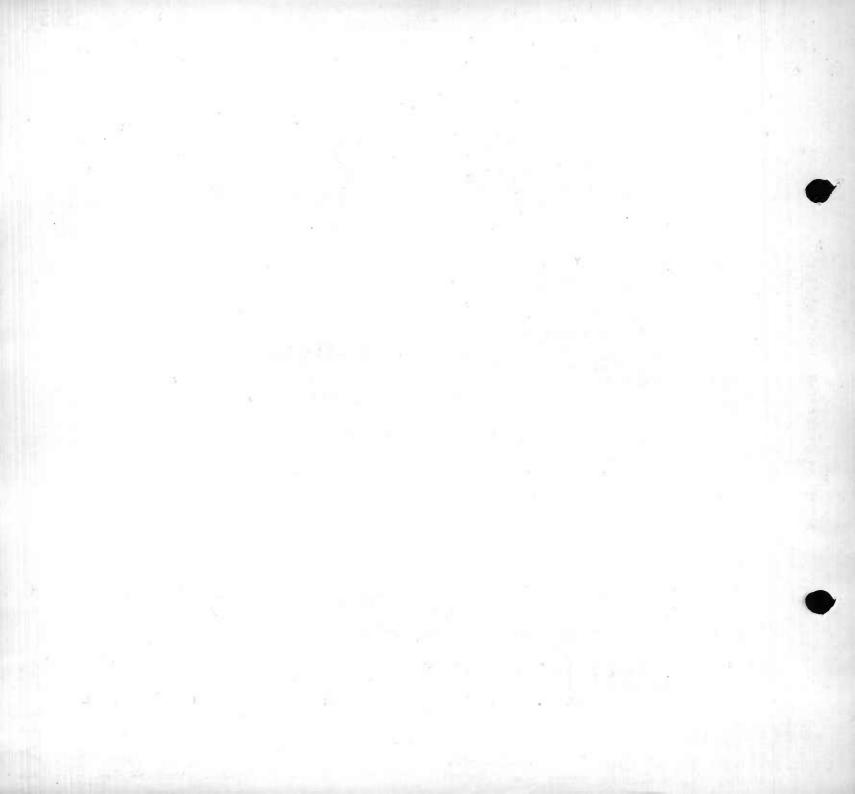
DIRECTOR:

FUNERAL



1. N	H NO.	SED	3865	CERTIFICA	TEC		REG. NO	70	3865
тур	e or Print)	DRA JONE	5			9 AP	RIL 1970		1's P
3. P	LACE IN BALTIA	MORE MARYLAND, W	HERE PRO	NOUNCED DEAD	A. STAT	AL RESIDENCE (Whe	ere deceased lived. Il i	nstitution: res	sidence before admissia
FU I HO IN S	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR INS	TITUTION, GIVE STREET		OR TOWN	D. INS	SIDE CITY LIA	2004 MITS?
3	3 JOHN	s HOPKINS	Ho:	SPITAL		ALTIMORE ET AND NUMBER	168	YE SX	NO []
5. S		RACE			P DATE	OF BIRTH	9. AGE (In years	If Under	1 Yr., If Under 24 Hr
	F	N	WIDOW		8/	11/16	53	Months	Doys Hours Min.
		ATION (Give kind af war! rking life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BERTI	HPLACE (State or fore	eign country)	12. CITIZI	EN OF WHAT COUNT
1	Leusen	, se	1	ا مد	10	pe Cu. N	· Caroline	u.	3.1.
13.	ATHER'S NAME				14. MO1	HER'S MAIDEN NA	ME		
	LEO MC	CRAY				Doldi.	e Jones		
IS. V	Vos Deceased Ev	ver in U. S. Armed For f yes, give war ar date	rces? es al servic	e) 16. SOCIAL SECURITY NO.	17. INFO	RMANT			ADDRESS
	Vo			231-30-0205	1	16-1110	James	200	San
	18. 5 90	101		CAUSE OF DEAT	н		J		APPROXIMATE INTERVAL
		OR CONDITION DI	RECTLY						
		EADING TO DEATH mean the mode of	dvina	(A) IMMEDIATE CA	JSE U	REMIT			lyear
	heart failure, as	sthenia, etc. It means	the disec		A CONSE	QUENCE OF:			
		ication which caused		0	-)	2.50		16.11
		TECEDENT CAUSES		(B) CHRON	1C P	YELONEPH	1RITIS		10 YEARS
		above cause (A)		9	A CONSI	EQUENCE OF:			
	UNDERLYING	CONDITION last.		(c)			*****************		
z	O THE STOLLING	11	ALTRIBUTIA						
ATIO	TO THE DEATH	ANT CONDITIONS CO	HE TERMIN	AL					
ICA		PERATION 198 CON	DITION FO	OR WHICH OPERATION	20 A.	AUTOPSY? (Yes of N	a) 20B. IF YES, WERE	FINDINGS	CONSIDERED
RTIFIC	21	WAS PER	FORMED		V	/ F.C.	IN CERTIFYING CA	USES OF D	EATH?
L CE	21 A. ACCIDENT OR CONTRIBUTE DEATH (natify m	WAS UNDERLYING DING CAUSE OF		21B, PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.)	n ar obau lfice bldg.	NJURY OCCUR?	(If in Baltima	re City, give	exact lacation)
EDI	21 D. TIME (F	Month) (Doy) (Year)	(Hour)	21E, INJURY OCCURRED		21F. HOW DID IN.	JURY OCCUR?		
8	(APPROX.)			While At Not Whi Work At Work	•				
	22. I certify th	nat (h) (this hasnita	l) attende	d the deceosed from 4	4		19 70 to	4/9	19 70
		est sow the decease		. / . /	19	and the last		Injan deat	h accurred on the de
				. (V) (We) (did) (did /ot)		***************************************	(дол, ор	dodii	, caconica dii ilie di
	23A. SIGNATURE		160 00010	. (") (") (ala) (ala)	riew ine	budy offer death.		23B, DATE	E SIGNED
	K	200 0 da 20	m/h		ending [Med.	Shaff	9 Ar	PRIL 1970
	23C. PHYSICIAN	se f. Him	TUR	GEGREE Phy	23D. ADD	Director L	Phys.	1/11	NIL III
	NAME (Type		V	450			HORKING	Hoen.	TAB
244	BURIAL CREMA	KARL J.	KRAI	MEGNEE	EMATORY			HOSPI	
0	REMOVAL (Spe	cily)	1	M T: N	A	240.	2, 1	a/	C. S. S.
	UNIAL	4-13-	70 1	TOUNAIN JOICE		· /	ARTORU	N.	CAPORECE
2SA	DO 1 2 10	TO REALTH DEPT.	Jalle	TE OF REGISTRAR	250.	EUNERAL DIRECTO	mod /forme		Gartini, N.C
15	LUTTO D	10 00000		The same of	10	Elmy O. A	John France	1 buc	Belts. My
2	50-REV. 1/1/6B	,				/			12201

BALTIMORE CITY HEALTH DEPARTMENT



1 3-520 70 38	66	HEALTH DEPARTMENT	REG. NO. 70	3866
BIRTH NO. 1. NAME OF DECEASED	CERTIFICA	TE OF DEATH		0000
(Type or Print) WILLIAM	JONES	2. DATE AND HOU 04-09-		2:50 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	ONOUNCED DEAD	4. USUAL RESIDENCE IWhere deced		idence bafare admission!
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND	,	1002
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CITY LIM	лт5?
3 3THE JOHNS HOPKINS	HOSPITAL	BALTIMORE E. STREET AND NUMBER	YES 🔀	NO 🗌
DOME COMING HOLKING	HOOFTIAL		CTORET	
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE	STREET Under	1 Yr. II Undar 24 Hrs. Pays Hours Min.
MALE NEGRO WIDO	WED DIVORCED	9-9-12 lost birth	57	Poys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KINdone during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lareign caun	Iry) 12. CITIZE	N OF WHAT COUNTRY
	wore	Dalto. Ma	1- 11.	C A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		1.
1 management of the second		Condehia S	w.ft	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) ill yes, give war or dates of ser	I 6. SOCIAL SECURITY NO.	17. INFORMANT	,	ADDRESS
Ves	217-09-7180	Shindy Free	5	ane
18.4/2,1	CAUSE OF DEATI		88	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	Card	~ respiratory	vinat	
(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAU	SE	1100	
heart failure, asthenio, etc. II means the dis injury or complication which caused death.)	ease,			Α.
ANTECEDENT CAUSES	(a) H/15C	VI) Corman	1 aut desses	-1
DISEASES OR CONDITIONS, if any, g		A CONSEQUENCE OF:	/	
UNDERLYING CONDITION last.	(c) (c)	Jr D - (
z II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING NAL			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208, 1	F YES, WERE FINDINGS C	ONSIDERED
WAS PERFORMED		NO IN CE	RTIFYING CAUSES OF DE	ATH?
OR CONTRIBUTING TI CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or about 21 C. WHERE DID	(II In Boltimore City, give e	exact facation)
DEATH (nofily medical examines) 21D-TIME (Month) (Doy) (Yearl (Hous) OF INJURY	21 & INJURY OCCURRED	21F. HOW DID INJURY OC	CUR?	
(APPROX.)	While At Work Not While		-/	
22. I certify that (i) (this hospital) attend		Mr. 1 1969	_to4/9	19 70
that (() (we) last saw the deceased alive		19 70 and that In (m	(our) apinion death	occurred on the date
and hour and fram the causes stated above	v (foa bib) (bib) (We) (I).ev			
23A. SIGNATURE	1)		238, DATE	SIGNED
and D. Cas	DEGREE Phys		4/9/	70
23C. PHYSICIAN'S NAME (Type) DAVID B.	CASE	3D. ADDRESS THE JOHNS HOPKII	HOSPITAT	
	C. NAME OF CEMETERY OF CRE			
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	MT 11	MATORY 24D. LOCATION	(City, town, or c	county) (Stota)
25A. DATÉ REC'D BY HEALTH DEPT. 1258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	W.	ADDRESS
APR 1 3 1970 2008 8 30	pl.	Miral Million 11	a Bine	AUURESS
VS 150-REV. 1/1/68	New Marie	Jenj writer 10.	" I remile	y me



DIRECTOR:

FUNERAL



1	10-686 10 3000 CEPTING	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO. 70 3868
,		ATE OF DEATH REG. NO. 3868
	(Typo or Print) Sophie Brager	2. DATE AND HOUR OF DEATH 4-11-70 13:20 Am.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decoosed lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	South Balt. Denl. Hosp	Baltimore YES NO
. 0	7.3	49 40 Regineton Ave.
made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9/ AGE (In yours If Under 1 Yr. If Under 24 Hiss. Months; Doys Hours; Min.
is n	WIDOWED DIVORCED	16-5-88
disposition i	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	
Sit	13. FATHER'S NAME	Poland U.S.A.
d	7 11 10 11	7
.E	15. Was Doceased Ever in U. S. Armed Forces? 16. SOCIAL	CUAK
final	(Yos, no or unknown) (If yos, give wer or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
	NO 212-18-9132	tam.ly Same
0	18. 5 7 5 1K CAUSE OF DEAT	Recyclitis = Drain ney sepsio BETWEEN ONSET AND DEATH
Pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cecyplis & Dans
balm	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAL	JSE V A CONSEQUENCE OF:
pq	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	NOONE SECTION OF THE
E	ANTECEDENT CAUSES	
9	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
0	INDER VINC CONDITION AND SIGNING THE	
를	UNDERLING CONDITION last. (C)	
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	2
-	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yos of No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ore	WAS PERFORMED	905 Ed 10 E1 31903 91
peto	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i homo, form, fociory, street, of DEATH (notify medical examiner)	fice bldg., INJURY OCCUR? (If In Baltimore City, give exect location)
tained	D 21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED OF INJURY While At IT Not Will	21F. HOW DID INJURY OCCUR?
ā	(APPROX.) While At Not While At Work At Work	
opt	22. I certify that (A.(this hospital) ottended the deceased from	4-9-70 19 to 4-1/ 19 70
pe	that (1) (we) last saw the deceased alive an 4-//	19 70 and that in(my) (aur) opinion death occurred on the date
st	and hour and from the causes stated abave. (1) (We) (did) (did not)	lew the bady after death.
n	23A. SIGNATURE	23 B. DATE SIGNED
-	1 NAVOLEA, I'V MARTERONIAN I BL.	nding Med. Stoff Phys. 4 - 11-70
0	DEGREE	23 D. ADDRESS
approval must	Daniel M Howell	132 W. Lafayette Hue Balt. Md.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stotel
written	Burnel 4-15-70 Headowedge Ce	10.0101
E	25A. DATE REC'D BY HEALTH DIPT. 258. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
3	APR 13 1970 Valley E. Jackey M.D.	John H. Hafm. 4200 Gennington bee
- 1	VE 150-0EV 1/1/60	THE THE PARTY OF T

Pennington Ave.

deat

IMPORTANT

DIRECTOR:

FUNERAL



	in a hospital and grause of death suse; (5) Deceased trendance on the or to death. Such
TANT	istant if death occurred he direct or contributin cind; (4) Undetermined cideath was in regular a ce on the deceased prinal disposition is made.
FUNERAL DIRECTOR: IMPORTANT	tal examiner or his assil examiner. Also, if the state of any kinds who pronounced is in regular attendant ins are embalmed or fil
FUNERAL	roved by the chief medicale hospital by a medicaly nature; (2) Body burns copt where the physical nd (6) No physician wastained before the rema
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1-1	755	70 38	BALTIMORE CITY	HEALTH DEPARTMENT		70 3870
BIRTH NO.		70 38	CERTIFICA	TE OF DEATH	REG. NO	70 3870
Type or Prin	DECEASED	1		2. DATE	AND HOUR OF DEATH	1
2 2 4 2 2 1	HELEN	ASIMEN	105		4-9-	70 1:40P.
3. PLACE IN	BALTIMORE, MA	RYLAND, WHERE P	RONO UN CED DEAD	A. STATE B. CO	YNTY	institution: residence before admissio
FULL NAM	E OF (IF NOT	IN HOSPITAL OR	INSTITUTION, GIVE STREET	Md. Ba.	ltimore	2.605
HOSPITAL C	N ADDRE	SS OR LOCATION		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
Edge	ewood Nu	rsing Hom	e	Baltimore		YES NO
16000	Bellon	a Avenue		E. STREET AND NUMBER		
5. SEX				600 Tolna		
Femal	6. RACE		RRIED NEVER MARRIED DIVORCED DIVORCED	7-10-04	9. AGE (In years last birthday)	Months Days Haurs Min.
OA. USUAL	OCCUPATION (GIV	e kind of work 10 B. Kill	D OF BUSINESS OR INDUSTRY		oreign countryl	12. CITIZEN OF WHAT COUNTE
	ost of working lile, ev		a + la d as a	C		·
3. FATHER'S	NAME	- 01	othing	Greece	AA45	U.S.A.
Dami	Ltri Sama	nnee				
			11 / 2		Smyrnioudi	
Yes, no or unk	(nown) at yes, give	Armed Forces? war or dates of sor	vice) 6. SOCIAL SECURITY NO.	Michael A	simenios	ADDRESS
110			214-22-1044			altimore, Md.
18.	8201		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
nise Io UNDERL	YING CONDITIO	IONS, if any, g	iving DUE TO, OR AS	A CONSEQUENCE OF:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
DISEASE	OR CONDITION GI	VEN IN PART 1 (A).	FOR WHICH OPERATION	20A-AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
. OR CON'	CIDENT WAS UND	DERLYING D	218, PLACE OF INJURY (e.g., ir home, farm, factory, street, off etc.)	or obout 21 C. WHERE DID		ire City, give exact location)
21D.TIM	E (Month) (D	ayl (Yearl (Hour)	21& INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.			While At Not While			
22 1	att., abov /1\ /-1 :	a handadi a	TOTAL - AT WORK			
45 at (1)	first that (I) (this	s nospital) often	led the deceased from	5 - 20	19 <u>Zo</u> ta	4-9 1970
inat (I)	(we) last saw th	e deceased alive	on	219_/ and 1	hat in (my) (our) op	inian death occurred on the da
and have	r and from the co	auses stated aba	re. (1) (We) (did) (did not) vi	ew the bady ofter death	•	
23A. SIGN	ATURE	-175/	- A	d/ ++ 1 -		23B, DATE SIGNED
5	redure	ck folloll	After Phys	Med. Director	Staff Phys.	4-9-70
23C. PHYS	AE (Type)	/ /	2	3D. ADDRESS	, , ,	
FR	CEDERICK	J. VOLA	MER MD	6100 St	IK/EL	
4A. BURIAL	CREMATION, 248		IC. NAME OF CEMETERY OF CRE		LOCATION (C	ity, town, or countyl (Stote)
Buri	AL (Specify)	411-70	Greek Orthodo:	(/	Baltimore,	
	EC'D BY HEALTH -		ME OF REGISTRAR		-	
T dan	m and defined by	Sent E. Jack	ALD	3021 Easte	Matthewa	Baltimore, Md.
HELL	0 13/U 3/4	A 1-00		0001 10000	**	



BIR	5-56	2 70	387:		HEALTH DEPARTMENT	REG. NO	70 3871
1.1	AME OF DEC	SUMMERS, D	ORA	CONSTANCE	-	AND HOUR OF DEATH	0 . (00 D
3.	PLACE IN BAL	TIMORE MARYLAND, WHI			A P		Institution: residence before odmission)
FU	LL NAME OF SPITAL OR STITUTION	IIF NOT IN HOSPITAL			MARYLAND C. CITY OR TOWN	UNIY	SIDE CITY LIMITS? YES NO NO
		AGNES HOSPI	TAL		E. STREET AND NUMBER		115 110
	EMALE	WHITE	MARRIED VIDOWED	DIVORCED	03 06 87	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
R	ETIRED	1101100	R KIND OF		VIRGINIA	oteign country)	US A
13.	FATHER'S NAM	ME			14. MOTHER'S MAIDEN N	AME	
		HENRY SUMME			ANNIE PANGE	_	
(Yes	Wes Deceased , no or unknown)	Ever in U. S. Armed Forces III yes, give wor or dotes of	? f servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE\$\$
	no			218-30-6922 CAUSE OF DEATH		CORDS-BAL	TO MD 21229
CERTIFICATION	(This does not heart failure, injury or come of the UNDERLYING OTHER SIGNIFT TO THE DEATH DISEASE OR CO	LEADING TO DEATH of meon the mode of dy asthenia, etc. If meons the plicotion which coused de ANTECEDENT CAUSES OR CONDITIONS, if any above couse (A) sie CONDITION last. II ICANT CONDITIONS CONTE H BUT NOT RELATED TO THE 1 OPERATION 1958. CONDITION 1958. COND	ing, e.g., a disease, oth.) 7. giving pling the RIBUTING FERMINAL (A).	(B) DUE TO, OR AS	SE A C. W. A. A. CONSEQUENCE OF: A CONSEQUENCE OF: [20A. AUTOPSY? (Yes. or).	ETINDINGS CONSIDERED AUSES OF DEATH?
CAL CERTI	21A. ACCIDEN OR CONTRIBU DEATH (notify	WAS PERFOR IT WAS UNDERLYING TING CAUSE OF medical examined		PLACE OF INJURY (e.g., in e, farm, factory, street, off	or obout 21 C. WHERE DID		ore City, give exact location)
ā	21 D. TIME OF INJURY (APPROX.)					NJURY OCCUR?	
	that (I) (we)	that (1) (this hospital) a last saw the deceased a	live on	APRIL 8			Inlan death accurred an the date
	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE Shaff Director Director Phys. 23B. DATE SIGNED 23B. DATE SIGNED 20B. DATE SIGNED 20B. DATE SIGNED						
24A	23C.PHYSICIAI NAME (Ty BURIAL CREA REMOVAL (S	A SHAMS M D MATION, 24B. DATE Pecify) April 11.	1970	DEGREE ME of CEMETERY of CRE Loudon Park Cen	. B	LOCATION IC	E-WILKENS AVE
25A	APR 13		Jabe	AD.	25C. FUNERAL DIRECTO		hurals Tuneral Ho

D-543	3 70	3872		HEALTH DEPARTMENT		70 3872
BIRTH NO.			CERTIFICA	TE OF DEATH	REG. NO.	10 3012
I. NAME OF DEC	EASED			2 DATE	AND HOUR OF DEAT	u
(Type or Print)	NANLY-	DONL	ITD.		Δ.	
	TIMORE, MARYLAND, V	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (VA. STATE B. CO	AND HOUR OF DEAT 30 Pm 4/7 /here deceosed lived, If UNITY	1/70 M
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC.	AL OR INSTITUTI	ON, GIVE STREET	Maryland c. CITY OR TOWN		ISIDE CITY LIMITS?
6., ,	1 TA a	1 112-00	Seig AM	Baltimore		YES X NO T
omai	hospelal, 9	seerispano	er ruy . LIZIA	E. STREET AND NUMBER	1	
y de				4002 Oakfo	rd Avenue Ap	ot A.
S. SEX	6. RACE	7- MARRIED Y	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
F	N	WIDOWED	DIVORCED	5/19/99	lost birthdoyl	Menths Doys Hours Min.
OA. USUAL OCCU	PATION (Give kind of work			11. BIRTHPLACE (Slole or 1	oreign country	12 CATASM OF MALE
one during most of w	rorking file, even if refired)					12. CITIZEN OF WHAT COUNTRY
Housewif				South Carol		USA
3. FATHER'S NAM	· .			14. MOTHER'S MAIDEN N		
Allen	Aaron			Nannie L.	Starks	
5. Wos Deceesed	Ever in U. S. Armed For	cos? 16	S- SOCIAL	17. INFORMANT		ADDRESS
es, no of unknown)	(It yes, give wor or date	s of service)	SECURITY NO.		A===== 4000	
18.44	Mo.		CAUSE OF DEATH		Maron 4002	Oakford Ave. Apt A
OTHER SIGNIFICATION OF THE DEATH	R CONDITIONS, if ebove ceuse (A) CONDITION lest.	Stating the	(c)	(Systemic	Lupus Sous	Umaloga) ?
19A. DATE OF	OPERATION 198 CON	DITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes or	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUT	WAS UNDERLYING CAUSE OF		ACE OF INJURY (e.g., in form, fectory, street, aff	or about 21 C. WHERE DID	(If to Boltime	ere City, give exact location)
	(Month) (Doy) (Year)	(Hour) 21E tN. While Werk	JURY OCCURRED At Not While Al Werk	21F. HOW DID II	NJURY OCCUR?	
	hat (1) (this hospital	attended the d	deceased from		19 7 0 to 4	17/ 19 70 inlon deoth occurred an the date
and have and	from the causes state	ed above. (I) (Y	Ve) (did) (did not) w	ew the body after death		
23A. SIGNATUR	E		er Color (Colo Hor) VI	ew the body differ death	•	23 B. DATE SIGNED
R.	topuesar 90	68 · M	DEGREE Phys.	ding Med. Director	Staff Phys.	417/70
23C. PHYSICIAN NAME (Typ	"HOORAZA	19.9068	2	Singi hos	jeto, MD	, 21215 , Baltino
REMOVAL (Sp		24C. NAME	of CEMETERY of CRE	MATORY 24D.	LOCATION (C	ity, tewn, or county) (State)
Burial	4/11/70		tus Memorial		altimore Co.,	
ADD 1 9 10		Jaben K		Nutter Funer		35 W. North Avenue



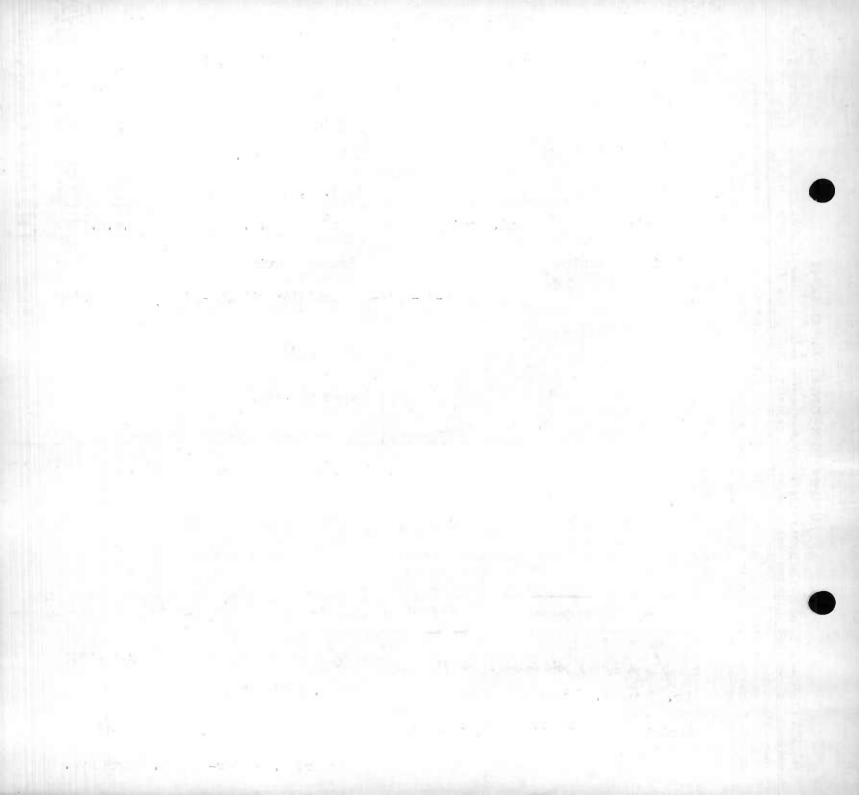
DIRECTOR:

FUNERAL

APPRENT REPORT OF THE REPORT O

28 II

T	7/7		BALTIMORE CITY	HEALTH DEPARTMENT		70 00014
BIRTH NO.	363 70	3874	CERTIFICA	TE OF DEATH	REG. NO	70 3874
NAME OF Prize	F DECEASED				ID HOUR OF DEATH	
	Lena Edi	wards		April		
FULL NAM	N BALTIMORE MARYLAND,		JNCED DEAD JTON, GIVE STREET	A. STATE B. COUN Maryland	re deceosed lived. If i	institution: residence before admissi
HOSPITAL	OR ADDRESS OR LOG	CATION)	one of the officer	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
20				Baltimore E. STREET AND NUMBER		YES NO
14.	16 Myrtle Avenue	9		1416 Myrtle Av	e.	
. SEX	6. RACE	7. MADDIED I	NEVER MARRIED	-	9. AGE (tn years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Fema:	le Negro	WIDOWED	DIVORCED [Sept.12,1886	lost birthdoy) 83	
lone during r	most of working life, even if retired			Oxford N.C		U.S.A.
3. FATHER	'S NAME		α .	14. MOTHER'S MAIDEN NA	ME	
	liam Braxton			Emma Daves		
5. Wos Dec	ceosed Ever in U. S. Armed F	orces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	, , , , give wer or de		220-30-5238	A Mckinley Wi	lson -740 E	Cold Spring Lan
18.	12.3		CAUSE OF DEAT	Н		APPROXIMATE INTERVA
1	DISEASE OR CONDITION E	DIRECTLY				SELVICEN CHASE! AND DE
	LEADING TO DEATH	1	(A)IMMEDIATE CAI	USE ASHD		
	loes not meon the mode of oilure, asthenio, etc. It meon		DUE TO, OR AS	A CONSEQUENCE OF:		
	ar complication which couse					
	ANTECEDENT CAUSE	S	Dx	townsollers.		
DISEAS	SES OR CONDITIONS, if		(B) DUE TO, OR AS	temo sclevosi	<u> </u>	
	o the obove couse (A					
UNDE	RLYING CONDITION lost.		(C)	***************************************		
_	11					
	SIGNIFICANT CONDITIONS C		11.5-0	al infection - c	LUM. LA DIV	neto.
A DISEASI	E OR CONDITION GIVEN IN PA	ART 1 (A).	V.X.S.		11	
19 A. DA		NDITION FOR VERFORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED AUSES OF DEATH?
OR CO	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF (notity medical examine)	21 B. hom etc.)	e, torm, foctory, street, o	in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct locotion)
21 D. TIA	AE (Month) (Doy) (Yeo	r) (Hour) 21E.	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJ		Whi	le At Not Whi	le [
		Wor			. 10	1 6/
	ertify that (1) (th is hospit		he deceased fram	7)	19 69 to a	prod 1970
that (I)) (we) last saw the decea	sed allve an	cyna 1	19 <i>Q</i> and th	at in (my) (out) ap	Inlan death accurred an the
and ha	ur and fram the causes st	ated abave. (I) (We) (did) (did nat)	view the body after death.		
23A. SIC	NATURE					23 B. DATE SIGNED
1	1 7111	1		ending Med.	Staff Phys.	4/10/1970
23C. P.	YSICIAN'S	mes	DEGREE Phy	23D. ADDRESS	rnys, —	
_ NA	Jesse T. Holme	s MD	DEGREE	508 E. North A	venue	
	L CREMATION, 24B. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 24D. L	OCATION (City, lown, or county) (State
Bur	ial 4/13/	1970 Fa	amily Lot	Du	rham , Nor	th Carolina
SA. DATE	REC'D BY HEALTH DEPT.	25B. NAME C	F REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
APR 1	3 19711 Be B	Jaber.	150,	Herbert E. Nu	tter-3035 V	N. North Ave.
urira	10///					

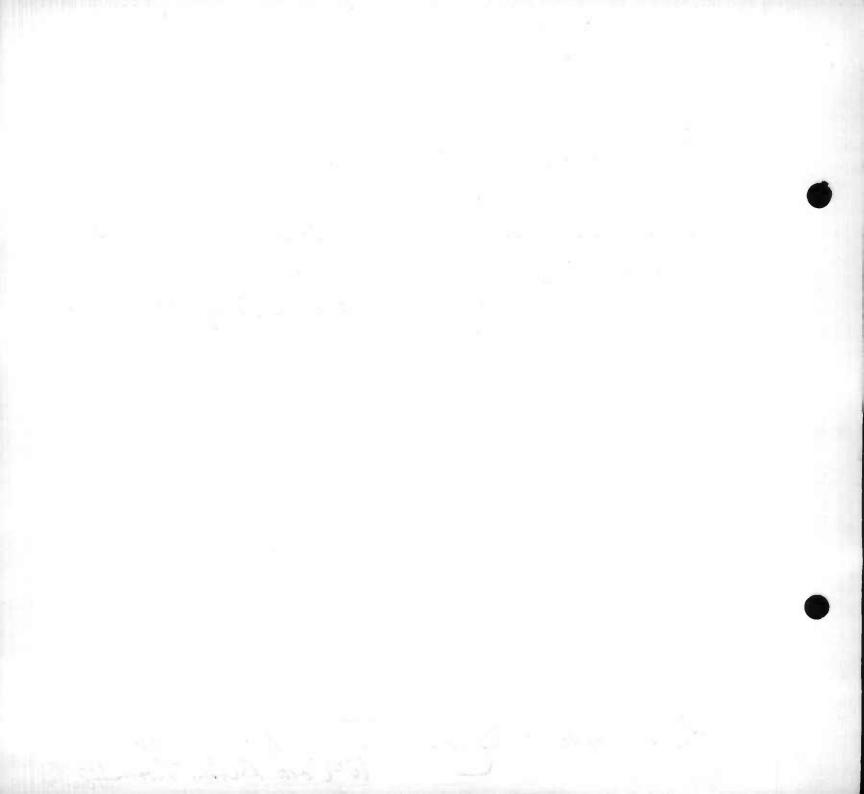


VINO	100		BALTIMORE CITY	HEALTH DEPARTMEN	IT		les (C)		
BIRTH NO.	70	3875	CERTIFICA	TE OF DEAT	H REG.	NO	70	3875	
1. NAME OF DECEASED	KELLA	, , , ,	01.4	1	E AND HOUR OF				
3. PLACE IN BALTIMORE,	KELLY MARYLAND, W	HERE PROP	ULA OUNCED DEAD	4. USUAL RESIDENCE	PRIL 8,	1970		10:05	Рм.
					OUNTY	ved. If instill	ilion: resi	dence before odr	nission)
HOSPITAL OF ADI	ORESS OR LOCA	AL OR INS	TITUTION, GIVE STREET	MARYLAND C, CITY OR TOWN		1		20	06
ST.AGNE	S HOSPI	TAL		BALTIMOR	F	D. INSIDE	SXX		
///WILKENS	& CATO	N AV	ENUE	E. STREET AND NUMB	ER	18	3/7/2	No [
BALTIMO	RE 2122	9. M		207 S. H	ILTON ST	REET			
5. SEX 6. RACE	00.0	7. MARRIE	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yellost birthdoy)	ors If	Under 1	Yr. If Under	24 His.
	GRO	WIDOW		02/06/24	46			9,00018	IVIIIIe
done during most of working life	over if relired)	RE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of	foreign country)	1.	2. CITIZEN	OF WHAT CO	UNTRYT
C00K		MMKI	XXX XXXXXXXXX	ALABAMA			J.S.	Δ	
3. FATHER'S NAME			,	14. MOTHER'S MAIDEN	NAME		, , ,		
LeevesterHARM	ON			LUCILLE W.	WRIGH	т)			
5. Was Deceased Ever in U Yes, no or unknown) (If yes, g	S. Armed Forcive wor or dotes	es? of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ille Shor		CA	Ellamont	C+
NO				ST.AGNES	HOSPITAL	WILKE	INC S	E CATON	AVI
18. 4 000	1 3		CAUSE OF DEATH		IOD: TIAL	, III LIKE	1 /	APPROXIMATE INTE	RVAL
DISEASE OR CO	NOITION DIR	ECTLY		· 1	0 0 4	,	BET	WEEN ONSET AND	DEATH
(This does not mean	the mode of	dving, e.	(A) IMMEDIATE CAU		brai The	work	age		
heart failure, asthenia, injury or complication	elc. If meons	the disease	e, DUE TO, OR AS A	CONSEQUENCE OF:					
	ENT CAUSES	000111.7	11 (TA.	. 7	•			
DISEASES OR CONE	OITIONS, if o	ny. ojvin	(B) Mal	A CONSEQUENCE OF	per our	ean			
rise to the obove UNDERLYING CONDI	couse (A)	stoting th	0	V SOURCE OF V					
CHEERLING CONDI			(c)		****************	***********			
OTHER SIGNIFICANT CO	II NDITIONS CON	TRIBUTING	;						
TO THE DEATH BUT NO DISEASE OR CONDITION	RELATED TO THE	E TERMINAL	***************************************						
OTHER SIGNIFICANT CO. TO THE DEATH BUT NO. DISEASE OR CONDITION 194. DATE OF OPERATION 214. A CCIDENT WAS U	N 198 COND	TION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes o	No 208 IF YES	WERE FIND	NGS CO	NSIDERED	
21A ACCIDENT WAS I				YES		NG CAUSES	OF DEA	ATH7	
21A. ACCIDENT WAS U OR CONTRIBUTING C DEATH (notify medical ex	AUSE OF	ho	B. PLACE OF (NJURY fe.g., in me, form, foctory, street, offi	or about 21 C. WHERE DIE	(If In	Bolttmore City	y, give ex	roct locotton)	
-		et							
2 OF HAJORI	(Doy) (Year)		E INJURY OCCURRED Thile At Not While	21F. HOW D(D	INJURY OCCUR?				
(APPROX.)		I W	ork At Work						
22. I certify that (1) (his hospital)	attended	the deceased from A	PRIL 06	19 <u>70 ta</u> _	APRIL	08	197.0)
that (1) (we) lost saw				19.70 and	that In(my) (a	ur) opinion	deoth o		
and hour and from the	causes state	d above.	(1) (We) (dld) (dld not) vi	ew the body after deat	h.	,			
23A. SIGNATURE	71 -					23 8,	DATE SI	GNED	
Meee	effect	1su	& KL. P. DEGREE Phys.	ding Med.	Shaff Phys.		4/	9/70	
23C. PHYSICIAN'S NAME (Type)	1.17 11		2:	D. ADDRESS	11	1	0	1	
CH CH	1N9-H	ul	ISHI, M.D. DEGREE	STAGN	es Hos	p. tal			
REMOVAL (Specify)	24B. DATE		AME of CEMETERY OF CREA		LOCATION		wn, or co	unty) (Ste	ole)
Burial	4/13/70		stern Star Ceme		Baltimore	Co.,	Mary	land	
ADD 1 2 1070			OF REGISTRAR	25C. FUNERAL DIRECT				ADDRESS	
APR 13 19/0	. Seels 4	, variot	y may	Nutter Funer	al Home	3035 W	. Nor	th Avenu	e
A 1-11-110 40 11 11 00									

in a white or the section , . . . December 19 and 19 and

VS 150-REV. 1/1/68

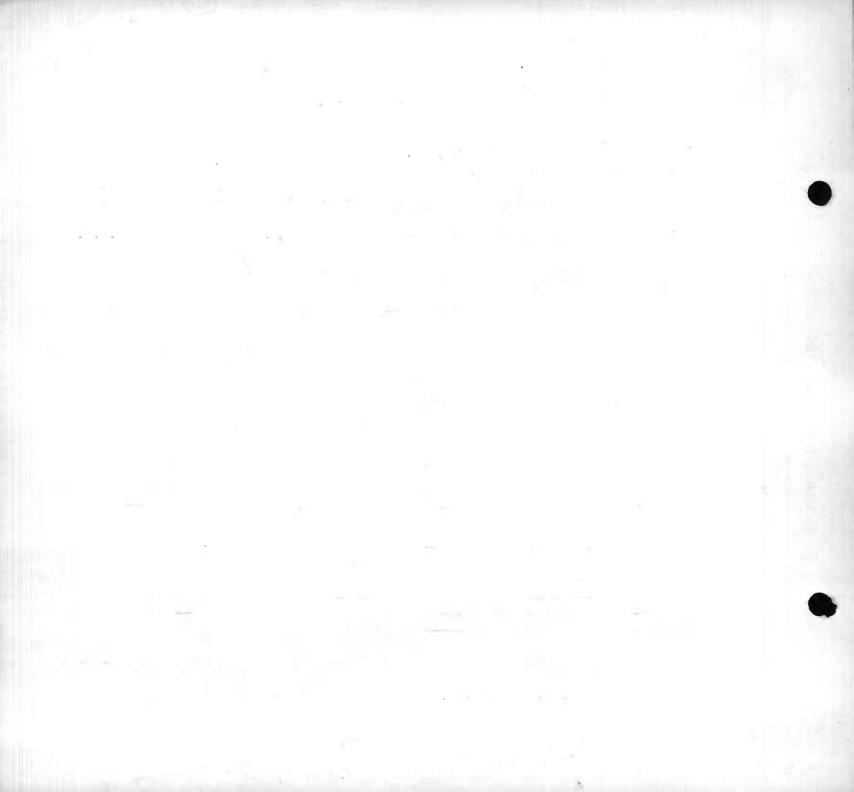
REG. No. 70 3876 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before odmission) D. INSIDE CITY LIMITS? YES L NO il Under 1 Yr. Months: Days Il Under 24 Hrs. Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH kennery luk 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimare City, give exact location) ond that In(my) (our) opinion death occurred on the date 238, DATE SIGNED (City, town, or county) (State) sward to ADDRESS 050



Holomond PAPE SHARE SHARE STATE Grannelle H. Son sint of Deal of the week to a

DIRECTOR:

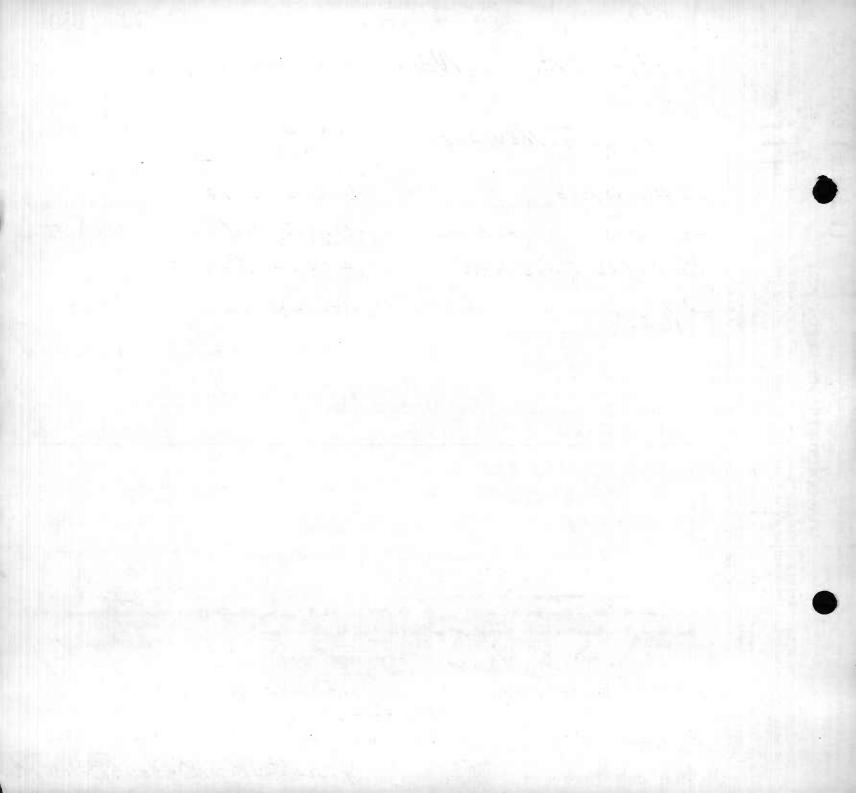
FUNERAL



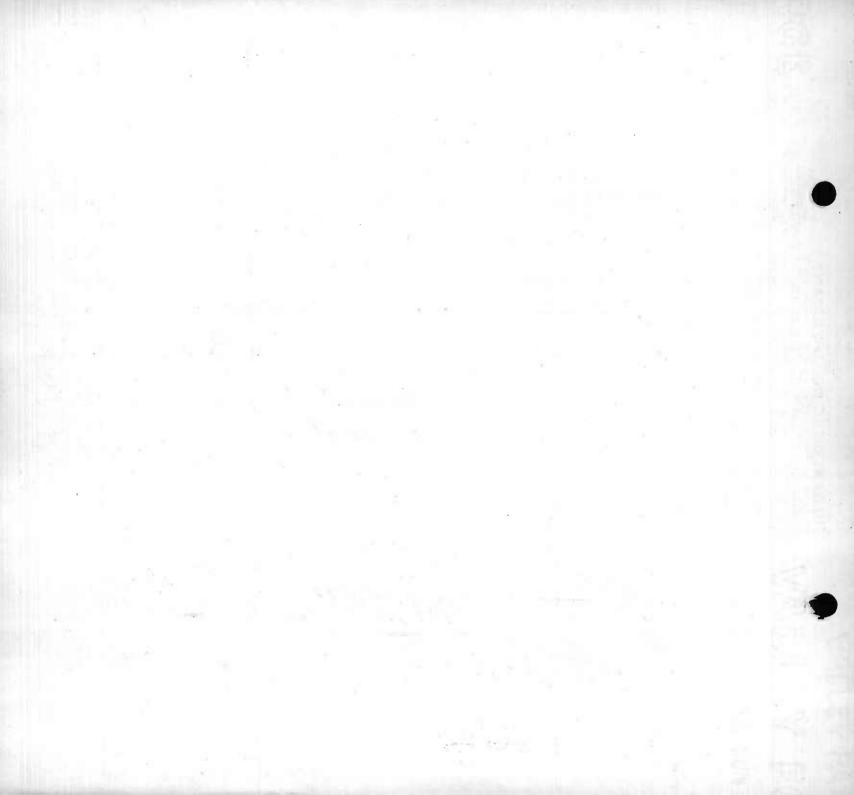
M- 100 BALTIMORE	CITY HEALTH DEPARTMENT
DIKITI NO.	CATE OF DEATH REG. NO. 70 3879
1. NAME OF DECEASED (Type at Print) WILLIAM L. MEEK	2. DATE AND HOUR OF DEATH 4-0-70 212-8
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admirate
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	A. STATE B. COUNTY M. d C. CITY OR TOWN . D. INSIDE CITY LIMITS?
North CHARLES GEN HOSP.	BALTMORE YES NO
49	1155 Homes Tend ST
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years I the Under 1 Year I Under 24 Hr
WIDOWED DIVORCED	72 Manths Days Hauss Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State at faceign country) 12. CITIZEN OF WHAT COUNTI
Retired - arm costetle	Boltimore usa
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM W. MEEK	ANNA HORNUNG
15. Was Decoosed Ever in U. S. Armed Faices? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wer or doles of service) SECURITY NO. 218-14-78	OF WIFE SAME
	EATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEAT
LEADING TO DEATH	Herralana
(This does not mean the mode of dying, e.g., (A)IMMEDIATE	RASA CONSEQUENCE OF
heart lailure, asthenio, etc. It means the disease, injury ar camplication which caused death.	
ANTECEDENT CAUSES	alized allein Columnia 16
(8)	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	Or:
UNDERLYING CONDITION last. (C)	ulum edem & conjet
, II	- A
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	007777777777777777777777777777777777777
IWAS PERFORMED	20A. AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	in or about 27 C. WHERE DID (If in Boltimare City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, stree	is office bldg. INJURY OCCUR?
21D.TIME (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED	
IAPPROXI While At Not V	While D
22. I certify that (i) (this hospital) attended the deceased from	3-28 1970 to 16-9- 19/0
that (1) (we) last saw the deceased alive an 45	Toursease I I I I I I I I I I I I I I I I I I I
	in (m), (
and have and from the causes stated above. (I) (We) (did) (did no	
2 1 1 1	Attending Med. Stoff N
	Phys. Director Phys. D
23C. PHYSICIAN'S NAME IType)	23D. ADDRESS
MELENCIO VENFUNCTION	SAEE NORTH CHARLES GEW. HOP
	CREAM FORY 24D. LOCATION City, town, or countyl (Stote)
BURIAL 4-13-70 MEADOWRID	
25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	25 CAFUMERAL DIRECTOR ADDRESS
ADD 1 A 1070 P. See E. Name of Registrar	L. Walter Coreblin 5444 BELDIR Rd-
THE RESERVE TO SERVE	IN INCOMPRESENDED TO THE LAIR ICG.

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FUNERAL DIRECTOR:



	BALTIN	MORE CITY	HEALTH DEPARTMENT		20 0004		
	BIRTH NO. 3881 CER	TIFICA	TE OF DEATH	X REG. NO	70 3881		
13	1. NAME OF DECEASED THE A. THA	YEX	P 2. DATE AN	7/70	12:17 M.		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE When	e eceased lived. If ins	titution: residence before admission)		
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE HOSPITAL OR ADDRESS OR LOCATION)	A. STATE B. COUNTY Baltimore 5300 C. CITY OR TOWN D. INSIDE CITY LIMITS?					
	UNIVERSITY OF Md. Hospi	Woodlawn		YES NO			
29		E. STREET AND NUMBER					
e.	22 S. Greene ST. BALTO	P' Nra'	6703 Windson				
9	5. SEX 6. RACE 7. MARRIED NEVER MA	AKKIED		9. AGE (In years ost birthdoy)	Months Doys Hours Min.		
S		ORCED	4/19/16	53			
=	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS Of done during most of working life, even if retired)	0		12. CITIZEN OF WHAT COUNTRY?			
9	House Wife Own Home		Baltimore Mar	yland	USA		
positio	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Sp	George Martin	Addie Garland					
0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY		17. INFORMANT		ADDRESS		
ına	NO NO 212 01	62/15	Wayne Thans	6617 R.	11.110		
	18. / CAUSE	OF DEATH	Wayne Thayer	001/ Downar	APPROXIMATE INTERVAL		
0	DISEASE OR CONDITION DIRECTLY		1	\nearrow	BETWEEN ONSET AND DEATH		
9	LEADING TO DEATH	AEDIATE CALL	ACDIEN LION	PHEUMA	WIN & has		
E	(This does not mean the made of dying, e.g.,	E TO, OR AS A	SEASDIRATION	/	O I FE DE LEGIS		
0	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	0.		,	_ 0		
E	ANTECEDENT CAUSES	Bil	Tonal Brand	0/100/100	36 km		
0	DISEASES OR CONDITIONS, if ony, giving	E TO, OR AS	A CONSEQUENCE OF	chegweun	AAJA O		
0	rise to the obove couse (A) stating the	Dol	· dire Tiny		48 6		
ıns	UNDERLYING CONDITION last. (C)	DElly	LLIN 11 ON		10.,000,		
rema	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	0 1	. 1 6-	7 5	e in Succession		
9	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	PG-10	DNA I EN	1ev1 115			
the	DISEASE OR CONDITION GIVEN IN PART I (A).	ATION	20 A. AUTOPSY? (Yes or No.	208. IF YES, WERE FI	INDINGS CONSIDERED		
-	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERWAS PERFORMED 218. ACCIDENT WAS UNDERLYING 1 218. PLACE OF IN	tu	VES	IN CERTIFYING CAU	SES OF DEATH?		
ained before	U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF IN	VJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	City, give exoct location)		
et	DEATH (notify medical examiner) etc.)		ice bldg., INJURY OCCUR?				
0	21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCC		21F. HOW DID INJU	URY OCCUR?			
ne	While AI	Not While			T /		
	Work L	At Work	1-1-1	97	19/		
opt	22. I certify that (I) (this hospital) attended the deceased from 4 19 to 19						
0	that (1) (we lost sow the deceased alive on	1/0	19ond the	ot in (my) (our) 6pln	ion deoth occurred on the date		
st b	ond hour and from the couses stated above (1) (we) (did)	(did-vi	iew the body ofter deoth.		/ /		
5	23A. SIGNATURE				238, DATE SIGNES		
_	Nearl Th. Nucker 198	GEGREE Phys	nding Med.	Staff Phys.	779170		
>	28C. PHYSICIAN'S	GEOREE	3D. ADDRESS	3			
approval must	NAME (Type)						
d	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMI	DEGREE ETERY OF CRE	MATORY 24D. LO	OCATION (City	y, town, or county) (State)		
	REMOVAL (Specify)	_			, , , , , , , , , , , , , , , , , , , ,		
He	Durial 4/13/70 Woodlawn		ery We	odlawn Mar	yland ADDRESS		
written	254 DATE REC'D BY HEALTH DEPT. 268. NAME OF REGISTRAR	PA LA	25C. FUNERAL DIRECTOR	4-1			
>	The state of the s	1	Jeph 1. Si	carefrang 6	411 Wefsten Will Fel.		
	VS 150-REV. 1/1/6B		//				



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7	-520	70	3883		Y HEALTH DEPARTMENT	REG. NO	70 3883	
1. N	MAME OF DECEAS pe er Print) Kin	es, Iren	Hono		2. DATE	AND HOUR OF DEAT	н	
3. 1				ONOUNCED DEAD			institution: rosidence before admis	
FU	LL NAME OF			NSTITUTION, GIVE STREET	A. STATE B. COU)NIT	1203	
1111	St. Agnes Hospital			tal	Baltimore	D. IN	ISIDE CITY LIMITS?	
					E. STREET AND NUMBER 2507 Guilford	d Ave. 212]	YES (A) NO (1)	
5. S	Female 6. R	W hite	7. MAR	RIED ANEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 Months Doys Heurs Mi	
10A.	USUAL OCCUPAT	ION (Give kind o		D OF BUSINESS OR INDUSTR	Oct. 19, 1904	0)		
cone	Homemak	ng life, even it feti	red) _		Pennsylvan		U.S.A.	
13. [FATHER'S NAME				14. MOTHER'S MAIDEN N	AME		
	John L. S	ullivan			Hon	ora Sn	leen	
15. V	Wos Deceosed Ever	in U. S. Armer	ferces?	16. SOCIAL	17. INFORMANT	op Sp	ADDRESS	
	NO (III)	es, give wer er	doles of serv	SECURITY NO.	Mr. Charles F	R. Kines 25	07 Guilford Aven	
	(This does not in heart failure, asth injury or complice ANTE DISEASES OR Conse to the attention to the att	enio, etc. Il me olion which cau ECEDENT CAL CONDITIONS, bave cause DNDITION last	eans the dise used death.) USES il ony, gi IA) stating	ving (B)	ACONSEQUENCE OF:	e v Dix	repersa.	
CATIC	TO THE DEATH BU	T NOT RELATED	PART 1 (A).	IAL				
E	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED			20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
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3 19	TOO INTEREST OCCURRED				21F. HOW DID IN	JURY OCCUR?		
1	22. I certify that (1) (this hospital) attended the deceased from 31 Man. 19 60 to 7 march 19 70							
t	, and in the dots							
2	and hour and from the couses stated abave. (I) (We) (did) (did not) view the body ofter death. 23A, SIGNATURE Attending Med. Stoff Director Phys. 7 Charil 20							
	23G. PHYSICIANIS NAME (Type) 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS						Balt 30	
24A.	BURIAL CREMATI	ON, 24B, DATE		C. NAME of CEMETERY OF CRI	MATORY 24D. I	OCATION (C	ily, tewn, or countyl (Stole	
25.4	Burial	10AP	R70 I	Lorraine Cemet	ery Wo	odlawn,	Maryland	
A	PRI4 197	Party Dept.	E TOLK	AE OF REGISTRAR	250 FUNERAL PIBECTO	11 Lemmon	46 bl Pankes Hights	



DIRECTOR:

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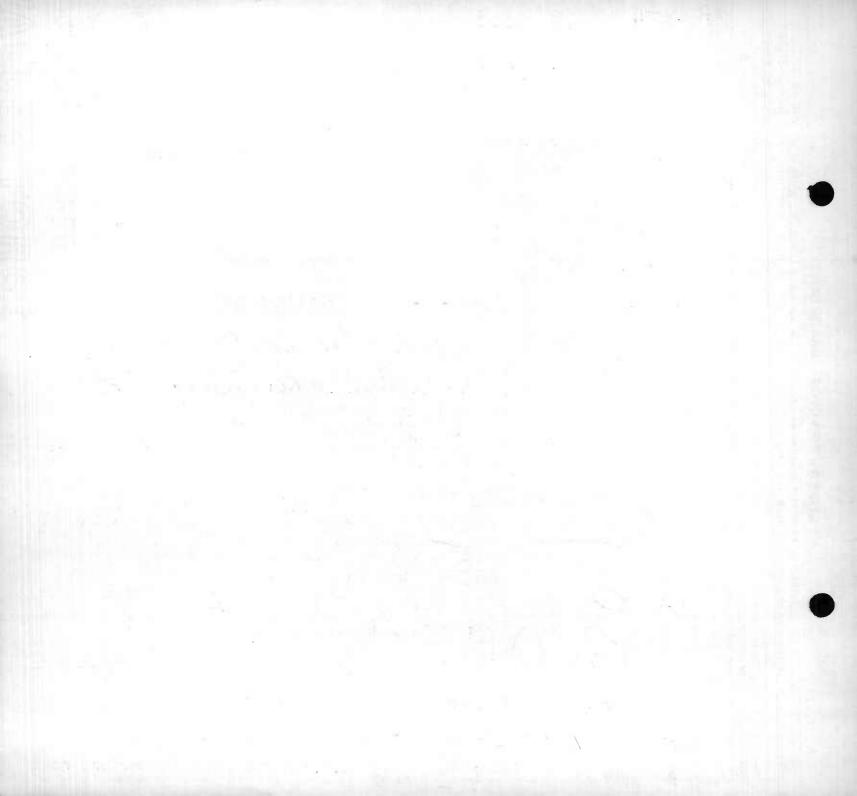
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FUNERAL DIRECTOR:

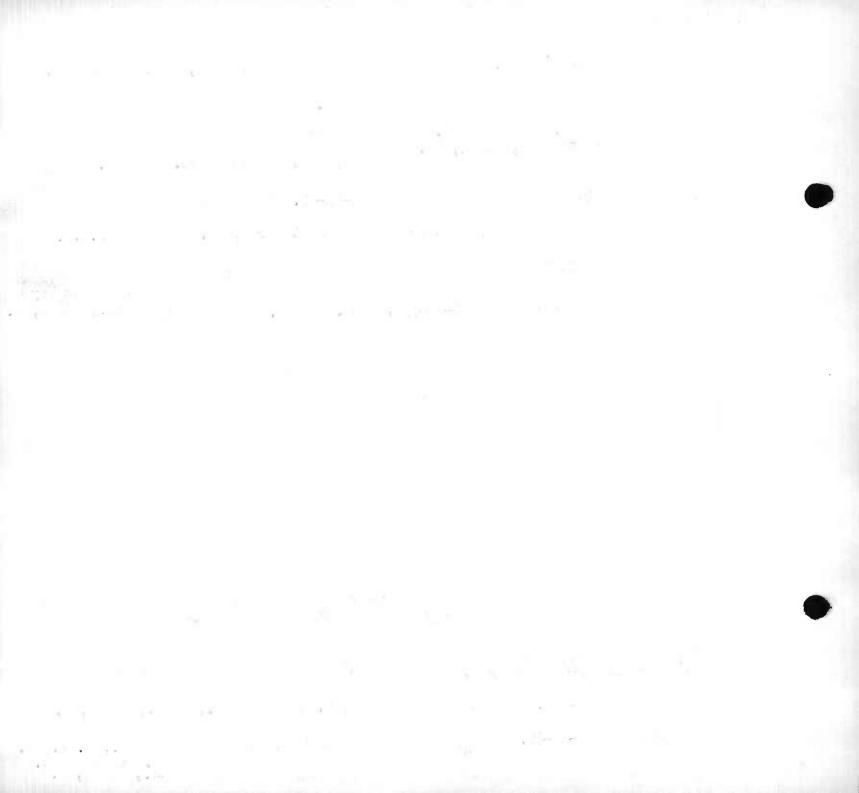
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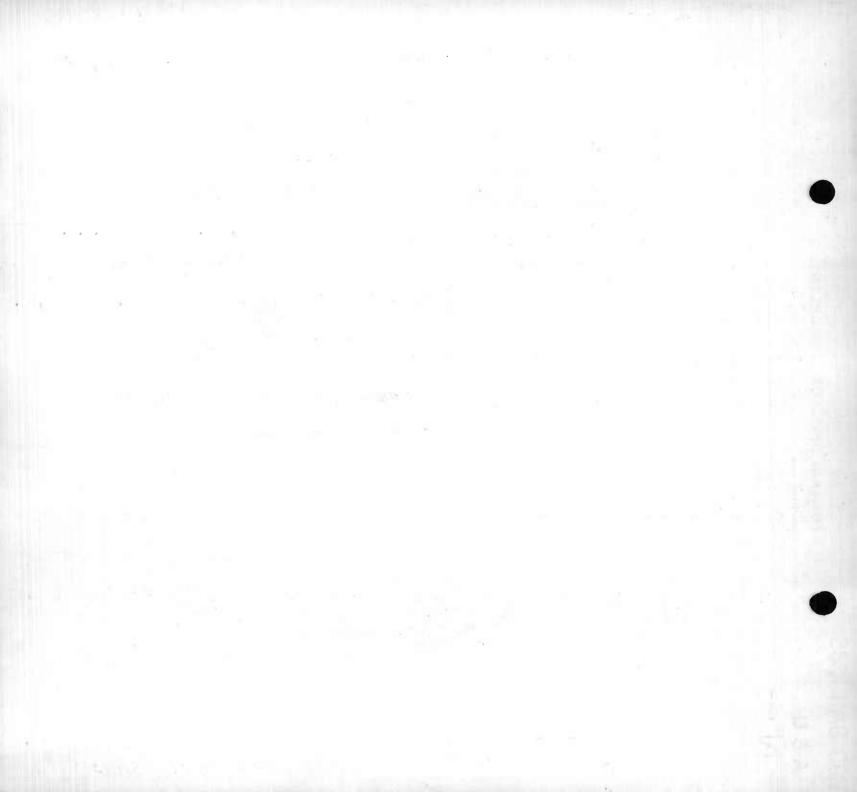
BALTIMORE CITY HEALTH DEPARTMENT

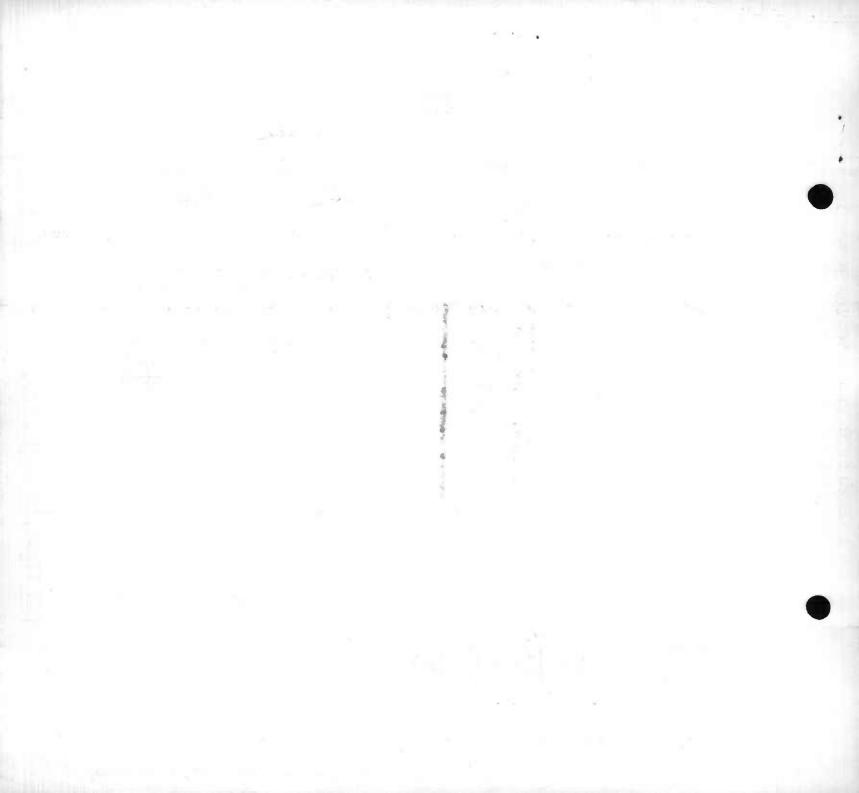
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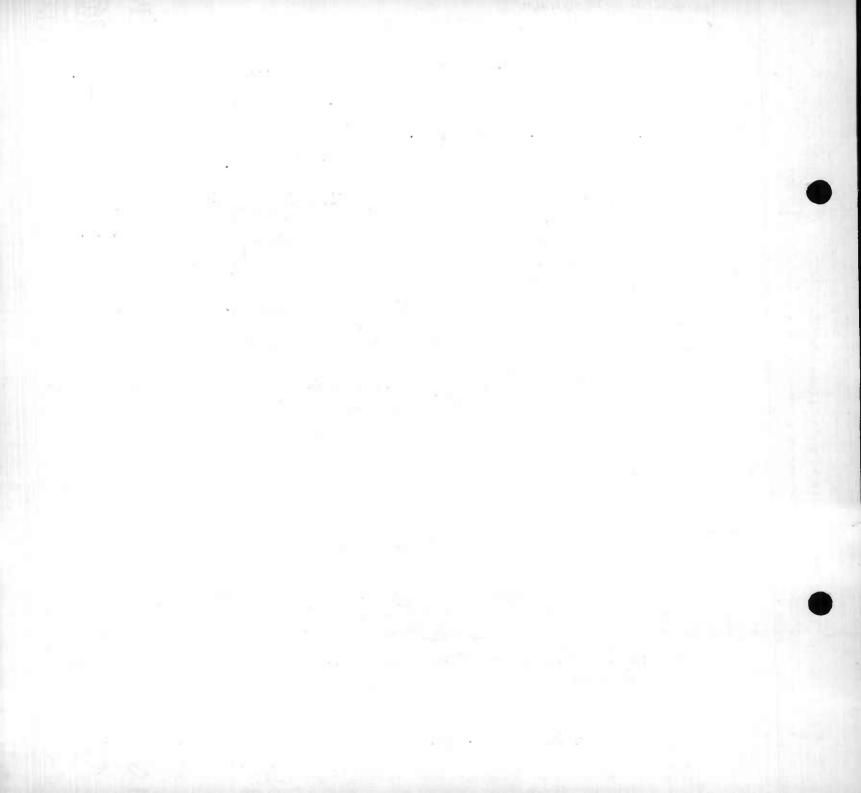


n 1-1-		BALTIMORE CITY	HEALTH DEPARTMENT	W	70 3888	
M-635	3888	CERTIFICA	TE OF DEATH	REG. NO	3000	
BIRTH NO. 1, NAME OF DECEASED (Type or Print)		M HRT.INEK		PRIL 9 197	0 315PM M	
3. PLACE IN BALTIMORE, M	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			ere deceased lived. If i	nstitution: residence before admission)	
HOSPITAL OR ADD	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland General Hosp.			Bolte C	SIDE CITY LIMITS?	
As /				E. STREET AND NUMBER		
marylanca						
48			Bradshaw Ros	ad		
5. SEX 6. RACE	SEX 6. RACE 7. MARRIED NEVER MARRIED			9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	
W	WIDOWED DIVORCED			76		
	A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY			reign country)	12. CITIZEN OF WHAT COUNTRY	
done during most of working life, Self employe		oduce Dealer	Baltimo	ore, Md.	W.S.A.	
3. FATHER'S NAME		0000	14. MOTHER'S MAIDEN NA			
	Frank Martin	ek		Barbara	Fritche	
S. Was Deceased Ever in U.	S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	2	1021 ADDRESS	
Yes, no or unknown} (If yes, gi	ve wor or doles of serv	ice) SECURITY NO.		Harry Dansdah	na Da Dandahaa Ma	
No		216-32-456 CAUSE OF DEATH		nagy bradsn	aw Rd. Bardshaw, Md.	
UNDERLYING CONDITION OTHER SIGNIFICANT CODITION DISEASE OR CONDITION OTHER SIGNIFICANT CODITION DISEASE OR CONDITION OTHER SIGNIFICANT CODITION DISEASE OR CONDITION	elc. It means the disc which caused death.) ENT CAUSES DITIONS, if any, gi cause (A) stating TION last. II NDITIONS CONTRIBUTI I RELATED TO THE TERMI GIVEN IN PART 1 (A).	e.g., DUE TO, OR AS ON AL (A) IMMEDIATE CALL DUE TO, OR AS ON AL	A CONSEQUENCE OF: 16 BRONCH17 A CONSEQUENCE OF:	is & Enpry	<u> </u>	
19A. DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION WAS PERFORMED			IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRIBUTING DEATH (notify medical e	AUSE OF	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)	
	(Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?		
(APPROX)	(APPROX.) While At Not While At Work At Work				1 1	
22 1	aliant) casa		3/20/20	10 4-	4/9/20 10	
22. I certify the (I) (this hospital) attended the deceased fram 19 to 19 that (I) (We) lost saw the deceased alive on 1/9/70 19 and that in (My) (our) apinion death occurred on the date						
that (I) (we) lost sow				(mark)	oinion deoth occurred on the dot	
	couses stated above	(1) (He) (did) (did not) v	iew the body after death	•		
23A. SIGNATURE				11-42	23B. DATE SIGNED	
Las	nor Ko	9 MM DEGREE Phy	nding Med. Director	Staff Phys.	7-7-10	
23C. PHYSICIAN'S NAME (Type)	0		23 D. ADDRESS			
24A. BURIAL CREMATION,	24B. DATE 24	C. NAME of CEMETERY of CRI	MATORY 24D.	LOCATION (C	City, town, or county) (State)	
REMOVAL (Specify)	1 72 70	Haler Madaamhan	TEO EN	Dallimana	Co true M.s	
Burial 25A. DATE REC'D BY HEALT		Holy Redeember	25C. FUNERAL DIRECTO	Baltimore	City Md.	
ADD 1 4 1077	Park E VOL		Hamall 11	16-14/11	(Selay F)	
HALLTA DIO	,		yeuroun	1101	Marin Mai	
VS 150-REV. 1/1/6B						

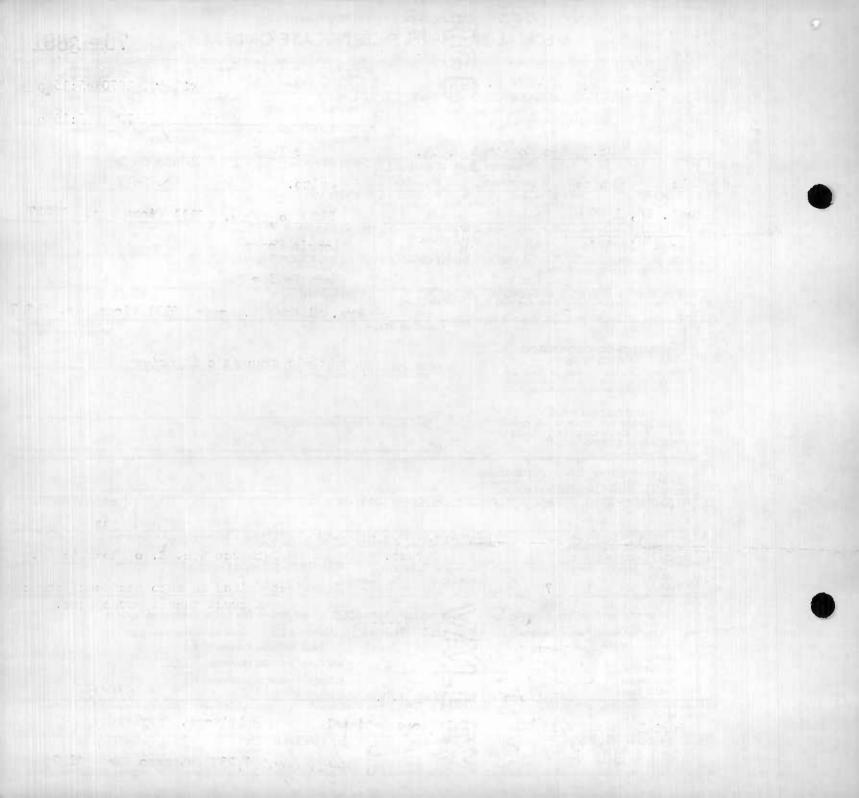




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0-5:	30 10 3	3890	CERTIFICA	TE OF DEATH	REG. NO	70 3000	
NAME OF DE	CEASED		0=1(11110)		AND HOUR OF DEAT	ш	
Type or Print)					,	1	
0 01 4 CP 111 BA		A H. S	Company of the Compan	HA LICHAL BESIDENCE TWO		institution; residence before admission)	
3. PLACE IN BA	LTIMORE, MARYLAND, W	WHERE PRONOL	INCED DEAD	A. STATE B. COU	INTY	1 1 a a a a a a a a a a a a a a a a a a	
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	D. BA	LTIMORE	2404	
HOSPITAL OR	SPITAL OR ADDRESS OR LOCATION)			C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?	
TA	SII WEBSTER ST	BALTTI	ORE ID	BALTIMORE		YES X NO	
00		4 Dayler	orthis and	E. STREET AND NUMBER			
00				TATT WERSTER	ST		
- SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.	
FEMALE	WHITTE.	WIDOWED		6/T3 / T80K	lost birthdoy)	Months Doys Hours Min.	
	CUPATION (Give kind of wor			11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY	
one during most o	f working life, even if retired)				,		
HOUSE V	/IFE	HOL	Œ	MARYLAND		U.S.A.	
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN N.	AME		
0	TOOLE DELCTE	TIMM		DA.	TRICIADINATED		
	EORGE DELASHM		1 6. SOCIAL	17. INFORMANT	UMGARIDNER	ADDRESS	
les, no or unknow	m) (If yes, give wor or dote	es of service)	SECURITY NO.	THE WAY THE		2001110	
NO			2T2 T6 3TT2	CARROLL SMITTH	SR. AROVE	ADDRESS	
18.	2.2		CAUSE OF DEAT	H		APPROXIMATE INTERVAL	
DISE	ST OF COMPLETION D	DECTI V		1		BETWEEN ONSET AND DEATH	
DISEA	ASE OF CONDITION DI LEADING TO DEATH	RECILY	mon	en lorable	enos	2 months	
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	not mean the mode of		DUE JO. OR AS	A CONSEQUENCE OF			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	MANAMAN ME MANER / Gar lang 110ans						
ANTECEDENT CAUSES							
DISEASES	OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF			
	rise to the above couse (A) stating the UNDERLYING CONDITION last.						
UNDERLYIN	IG CONDITION last.	(C)					
OTHER SIGN	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
	ATH BUT NOT RELATED TO T		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	CONDITION GIVEN IN PAI		VHICH OPERATION	20A. AUTOPSY? (Yes or I	No) 208, IF YES, WER	E FINDINGS CONSIDERED	
19A. DATE C	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?	
U 21A. ACCID	0			n of should 31C WHERE DID	/IS to Delate	City of the standard	
OR CONTRI	ENT WAS UNDERLYING DE CAUSE OF	hom	e, form, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(It in Baitin	nore City, give exoct locotion)	
	DEATH (notify medical examiner) etc.)						
21D. TIME	(Month) (Day) (Year)	(Hour) (21 E.	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?		
S OF INJURY	OF INTURY						
(APPROX.)				"			
7 1 1 0 70							
22. 1 certify that (1) (this haspital) attended the deceased from 19 to							
that (1) (we) lost saw the deceased alive on 4-7 1970 and that in (my) (our) opinion death occurred on the date							
	ond hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death. 23A. SIGNAPORE						
Attending And Director Phys. Staff Phys. Director Phys. D							
25C. PHYSIC	ANS		DEGREE	23D. ADDRESS	•		
NAME	(Type)		HILL THE				
			OEGREE				
4A. BURIAL CR	EMATION, 24B. DATE	24C. NA	AME of CEMETERY OF CRI	EMATORY 24D.	LOCATION	(City, town, or county) (State)	
REMOVAL	(specity)	0	A Value of the section and		10 A T (1000 A A A A A A A	A C A TO A Print A Print	
BURJAL	4/13/7		OLIVET .			MARYLAND	
SA. DATE REC'	D BY HEALTH DEPT.	25B. NAME	OF MIGHTRAR	25C FUNERAL DIRECT	OR -	ADDRESS	
APR 1	1 10/11 Jane	de Aston	1 minutes	VIII CULIU !	130 F FO	at Hives.	
/S 150-REV: 1/1	/68			11/2			
- 104 115 11 1/1							



VS 151-REV. 1/1/68



	J-525 70 3892 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 70 3892						
	BIRTH NO. CERTIFICATE OF DEATH						
	1. NAME OF DECEASED DANSON JAMES Eldridge 2. DATE AND HOUR OF DEATH 12 April 1970 7 20 A M						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission) A. STATE B. COUNTY						
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION GIVE STREET ADDRESS OR LOCATION O. INSIDE CITY LIMITS?						
	University of MARYAND HOSPITAL BALTIMORE YEST NOT						
de.	38 E. STREET AND NUMBER PATAPOSCO AVE						
s mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DAJE OF BIRTH 9. AGE (In yeors lost birthdoy) 6 Months Doys Hours Min. WIDOWED DIVORCED 1/90 / 907 6 Months Doys Hours Min.						
si no	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Style or loreign country) 12. CITIZEN OF WHAT COUNTRY?						
sitic	BARTONDER BAR OWNER MARY LAND USA						
final disposition	William Johnson						
9	15. Wes Deceased Ever in U. S. Armed Ferces? (Yes, no or upknown) (If yos, give wor or dotes of service) 16. SOCIAL 17. INFORMANT ADDRESS						
fin	216-10-7301 FAMILY - Jame						
o	DISEASE OR CONDITION DIRECTLY						
med	LEADING TO DEATH						
embalmed	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES						
are	DISEASES OR CONDITIONS, if any, giving isse to the obove couse (A) stating the						
ai u	UNDERLYING CONDITION last. (C)						
before the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED						
fore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If In Boltimore City, give exect location)						
- 11	DEATH (notify medical examine) etc.)						
ained	210. TIME [Month] (Doy) (Yeol) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work						
opte	22. I certify that (I) (this hospital) attended the deseased fram Office 1920 to 12 10 1920						
99	that (1)(we) last saw the deceased alive an 19 and that In(my) (aur) apinian death accurred on the date						
must	and beer and from the course stated above. (I) (We) (did) did not) view the body after death.						
	Attending Med. Shaff J Holy 197						
approval	NAME (Type) 23D. ADDRESS						
ddp	TOWARD O MANUELLE PAGE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)						
	14-16-70 Gelde Here Between						
Written	PR 14 1970 HEATTH DETTE 125 NAMED REGISTRAR 25C FUNERAL DIRECTOR 237 ADDRESS 125C FUNERAL DIRECTOR						
1 =	/\$ 150-REV. 1/1/68						



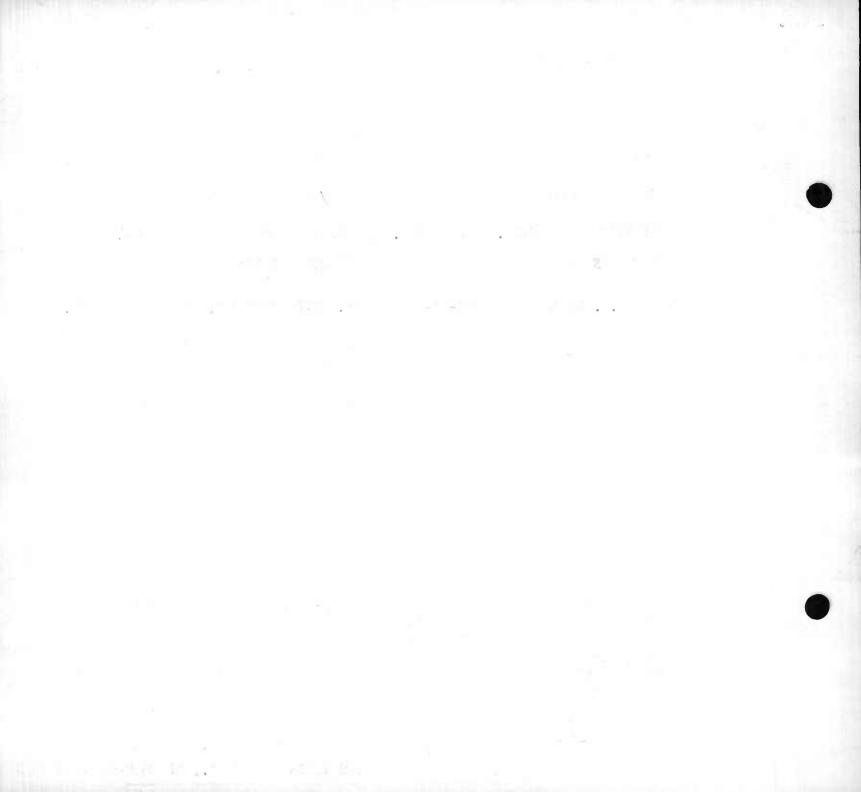
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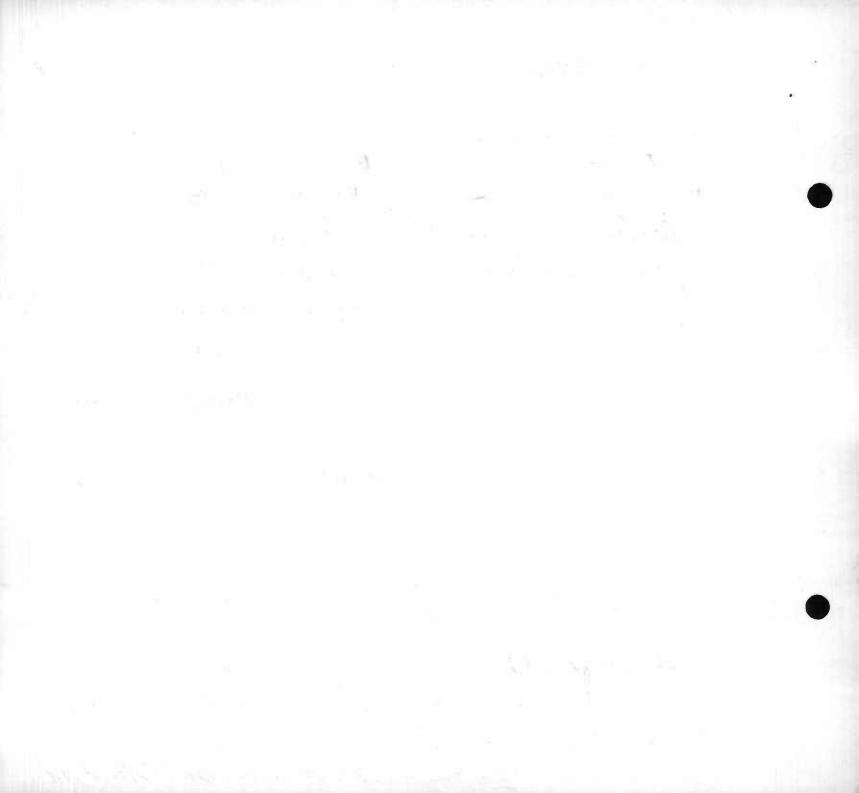
IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

4. USUAL RESIDENCE (Where deceased fixed, If institution; residence before admission) D. INSIDE CITY LIMITS YES NO If Under 1 Yr. If Und Months: Doys Hours if Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS MRS. BETTY PRISTOOP, 6730 BROMPTON RD. #7 APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) and that in (my) (our) apinian death accurred on the date 23 B. DATE SIGNED BALTIMORE, MARYLAND ADDRESS SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD



VS 150-REV. 1/1/68



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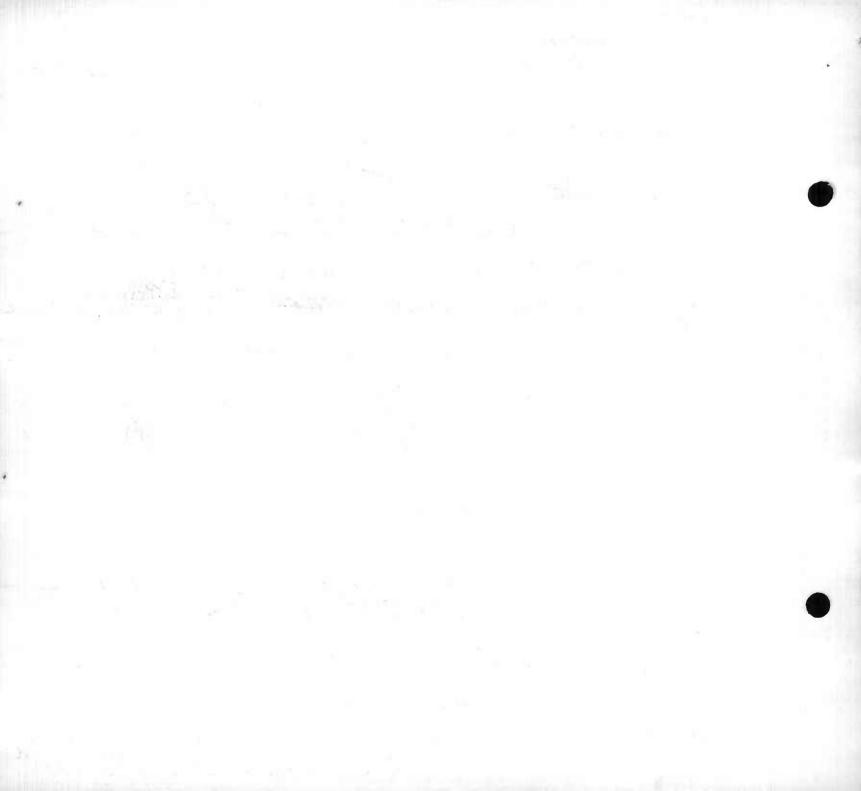
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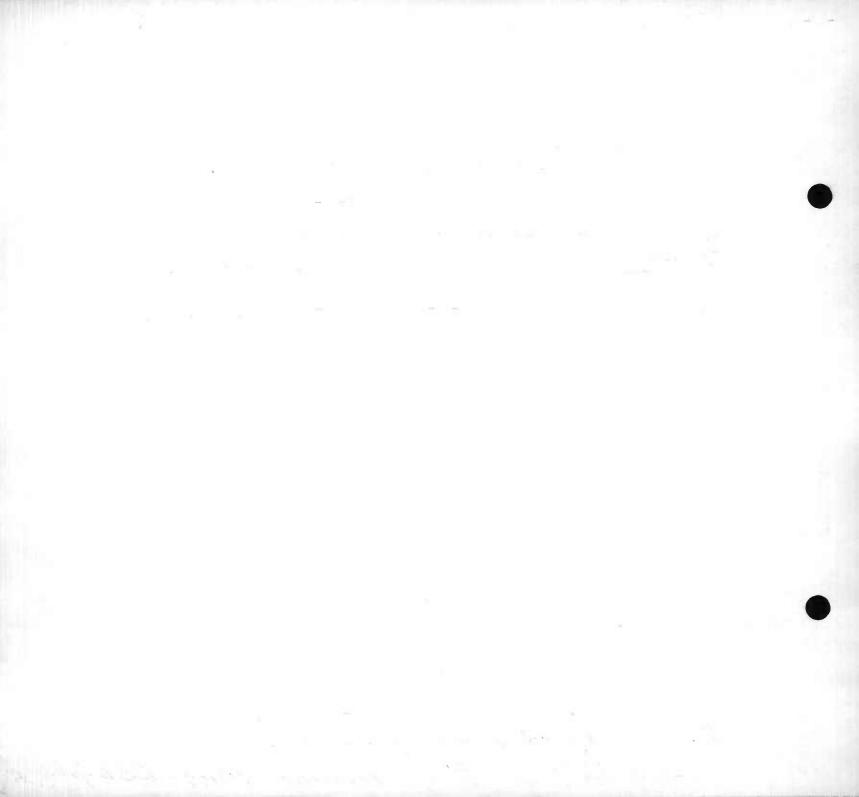
BALTIMORE CITY HEALTH DEPARTMENT

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FUNERAL DIRECTOR: IMPORTANT

U-52/ 70 3	897. BALTIMORE CIT	HEALTH DEPARTMENT	hay,	0 0007			
H-536 70 3 BIRTH NO. (BIBICH)	CERTIFICA	TE OF DEATH	REG. NO.	0 3897			
1. NAME OF DECEASED	202000	2, DATE AND	HOUR OF DEATH				
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	OFROER DEAD	4. USUAL RESIDENCE (Where	//// 70	11:07 Am.			
		A. STATE B. COUNTY	To a second seco	On: residence before domission)			
FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CHY OR TOWN	D. INSIDE CI	TV I MITS2			
Since Hospita	rl	BACTIMOR E	YES				
42	E. STREET AND NUMBER	- 1 4	2				
5. SEX 6. RACE 7. MAR	DIED ALSIED WAS DOING THE	4/09 W / 0	AGE (In years II I				
Male Whole wind	RIED NEVER MARRIED WED DIVORCED	12/25/96 1051	birthday 3 Mon	Juder 1 Yi. If Under 24 Hrs. hths Doys Hours Min.			
tOA. USUAL OCCUPATION (Give kind of work TOB. KINdone during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign	country) 12.	CITIZEN OF WHAT COUNTRY?			
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if refired) 13. FATHER'S NAME Samuel Handu	ace Track.	K4551A		USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	. /				
samuel Handu	reiger	Kebecca N.	einberg				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) lift yes, give war at dates of ser	ricel SECURITY NO.	17. INFORMANT	ne Sata Be	ADDRESS			
Yea WW I-ARM	CAUSE OF DEAT	3444	4109 W.	Rogers arence			
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	0 0		AREKOXIMATE INTERVAL BETWEEN ONSET AND DEATH			
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE Posible pur	morary em	boluz Mininte			
hearf failure, asthenia, etc. If means the disease,							
injury or camplication which caused death.) ANTECEDENT CAUSES	Coto	a In Coacin	1 water	H.			
DISEASES OR CONDITIONS, if any, g							
underlying condition lost. (c) Myocardial infanction (del) 3 months							
z 11							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM TO THE DEATH BUT NOT RELATED TO THE TERM TO THE DEATH BUT NOT RELATED TO THE TERM TO THE DEATH TO THE TERM	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 2	DB. IF YES, WERE FINDIN	NGS CONSIDERED			
4/6/70 WAS BERFORMED	reetenn		N CERTIFYING CAUSES	OF DEATH?			
OR CONTRIBUTION CO.	21 B. PLACE OF INJURY (e.g., i home, form, factory, street, of	n or about 21C. WHERE DID	(if in Boltimore City,	give exact location)			
DEATH inotify medical examined	21E INJURY OCCURRED						
OF INJURY IAPPROX.) OF INJURY	While At Not While		OCCUR7	11			
22. I certify that (I) (this hospital) attend	Wark L At Wark	1/2/ 19	70. 1-1	W/ 1970			
	that (1) (we) last saw the deceased alive an						
and hour and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.							
23A. S GNATURE	00		23 B ₆ T	DATE SIGNED			
Mawn Make	achlaz DEGREE Phys	nding Med. Staff		4/11/70			
23C. PHYSICIAN'S NAME (Type)	11100	23D. ADDRESS					
MARUIN M. NAC	C. NAME of CEMETERY OF CRE		IILDING				
REMOVAL (Specify)			^	on, as county) (State)			
	HEWISH WARU	ELERANS NOR	edale, m	ADDRESS Rd			
APRIA 1910 William E. Mark	S	of Leunas 11/8	100 - 6010	1.1			
VS 150-REV, 1/1/68							





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VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

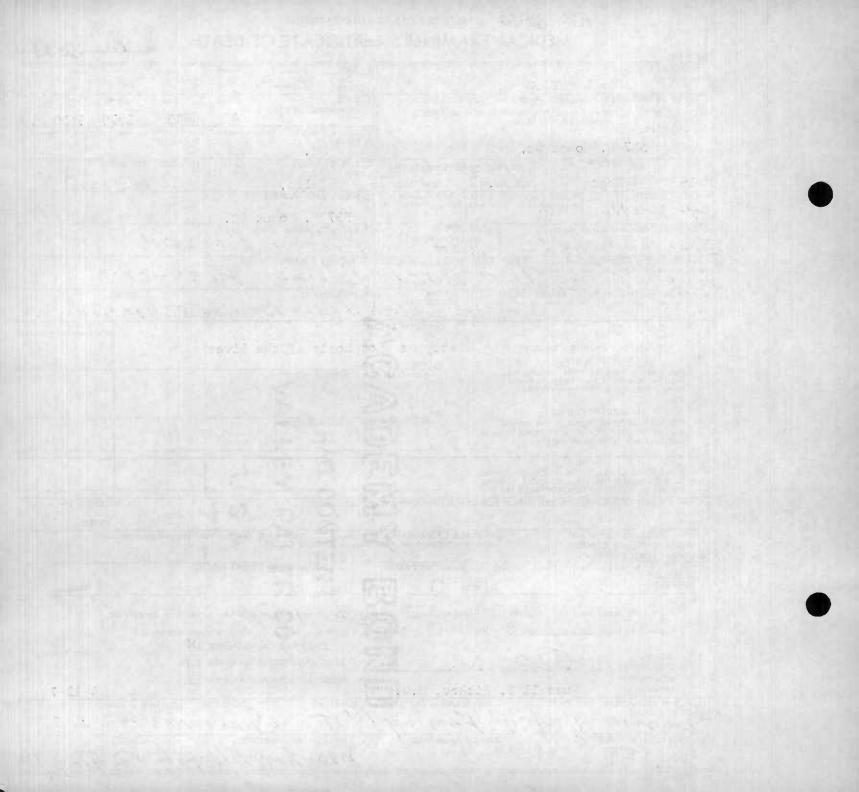
258. NAME OF REGISTRAR

70 3899 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO. I. NAME OF DECEASED 2. DATE Known | Manth Doy Yeor (Type or Print) OF ARTHUR BRYSON Estimated | DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Doy Month Year Ham (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) PRONOUNCED DEAD 13 1970 6:30 OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY 537 N. Mount St. Md. 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? 8. MARRIED X NEVER MARRIED Male Negro WIDOWED DIVORCED YES X NOL 9. DATE OF BIRTH 10. AGE (In years H Under 1 Yr. il Under 24 Hrs. E. STREET AND NUMBER lost birthdoy) Months , Days , Hours , Min. 537 N. Mount St 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? DANTANSBURG SC MUS On OLTON 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dose during most of working life, even il relired) Pont 6726450N 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((II yes, give wor or doles of service) 17. SOCIAL 8. INFORMANT ADDRESS SECURITY NO. 8-10-583 19. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Fatty metamorphosis of the liver LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, osthenio, etc. it means the discose, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)_ 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) V 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Bollimore City, give exoct locallon) home, larm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Yeor) 22E.INJURY OCCURRED 22F, HOWDID INJURY OCCUR? OF INJURY WHILE AT I NOT WHILE (APPROX.) WORK AT WORK 23. I certify that I held an Inquiry Inspection ___ Autopsy X and that on this basis, death in my opinion resulted from: Natural causes X Accident Sulcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Russell S. Fisher, M.D. NAME (Type) 24A BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify)

ARTANSBURG

ADDRESS

25C. FUNERAL DIRECTOR



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<	3 3000 500	BALTIMORE CITY	HEALTH DEPARTMENT	1	10 2004			
BIRT	5-300 70 390	1 CERTIFICA	TE OF DEATH	REG. NO.	70 3901			
	AME OF DECEASED Thelma Se	off	4/	13/70	2:45 A			
3. P	PLACE IN BALTMORE MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where	dedeased lived. If instit	ution: residence beloro odmis			
HO	LL NAME OF (IF NOT IN HOSPITAL OR I SPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?			
			Baltimore	Y	ES NO 🗌			
30	hat Mid- Hospital		653 W. M	ulberry	St,			
5. S	T AV	RRIED NEVER MARRIED DIVORCED		AGE (In years I N	f Under 1 Yr. If Under 24 Nonths Doys Hours M			
	USUAL OCCUPATION (Give kind of work 10B, KIN	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	2. CITIZEN OF WHAT COU			
GOILE	140/		Smithtel	1 V2.	0.5.A			
13. F	FATHER'S NAME	4-9-	14. MOTHER'S MAIDEN NAM	A 1				
	DOMANA.		Emmis	Crock	017			
15. V (Yes	Was Deceased Ever in U. S. Armed Forces?	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT	0,00,1	ADDRESS			
	No	Table 110.	Husband					
	18. 4 9. 2	CAUSE OF DEAT	Н		APPROXIMATE INTER			
	DISEASE OR CONDITION DIRECTLY							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO DE AS A CONSEQUENCE OF.							
	(This daes nat mean the made of dying, heart loilure, osthenio, etc. It means the dis		A CONSEQUENCE OF:	1				
	injury at camplication which caused death.)		0 1 .					
	ANTECEDENT CAUSES	(B)	Bronchiel A CONSEQUENCE OF:	Spasm				
	DISEASES OR CONDITIONS, if any,		A CONSEQUENCE OF:	~ .				
	rise to the abave couse (A) sloting UNDERLYING CONDITION lost,	(c) Chimi	i filmmay	Disease	years			
	II				-			
	OTHER SIGNIFICANT CONDITIONS CONTRIBU							
⋖	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).		120.4 Augustus Maria					
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUSE				
CER	21A, ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Soltimore C	ity, give exect location)			
AL	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	in in commerce C	, give exect locollell)			
U	21 D. TIME (Month) (Doy) (Year) (Hour)		21F. HOW DID INJUI	PY OCCIIP?				
3	OF INJURY	White At Not While		KT OCCOR:				
	(APPROX.)	Work At Work			1			
	22. I certify that 🔊 (this haspital) atten	ded the deceased fram		to	4/13 197			
	that (we) last saw the deceased alive	on 9/13	19. 70 and that	in (aur) apinia	n death occurred an the			
	and haur and fram the causes stated abo	ve. (We) (did) (Masser						
	23A. SIGNATURE			23	B. DATE SIGNED			
-	A. A. bones	III / Dhu	ending Med. Since	Paff 10	4/13/70			
1	23 C. PHYSICIAN'S	DEGKEE	23D. ADDRESS	nys.	11.7			
de	23C. PHYSICIAN'S NAME (Type)	wal ma	1421 Grownh	erry Del	B.16 . W.			
24.6	Daniel J. Freed Enbu	40 NAME OF CEMPTERY OF CR	FMATORY A 1240-104	CAUCHE (IC)	Town, of country) (Ste			
1	REMOVAL Special	my Children	1 10 /10	CATION	1310			
1	Jurial 17/1/10	111. 660146	M Cell XX	10. 161	V.			
25A	DATE REC'D BY HEALTH DEPT. 25B. N	ANE OF REGISTRAN	25C. FUNERAL DIRECTOR	1/1/	ADDRESS			
A	PRIA HAD When E. You	and see al	YOULUBURN THE	Weller Mars	2 3/97/selle			
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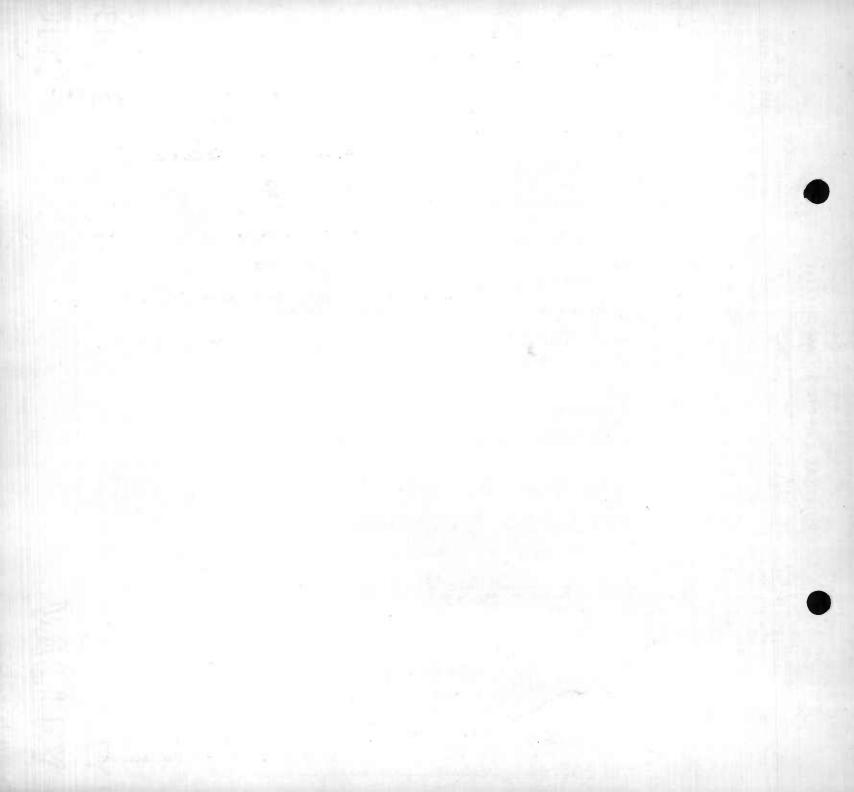
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4-20	00	MED	ICAI	L E	XAMINER'S			OF	DEAT	TH REG.	NO. 7	0	3903
BIRTH NO.	CEASED					2. DATE	Known		Month			eor	I.v.
(Type or Print)		HILLIP	RTCH.	Т.	-	OF	Estimote			Day		601	Hour
4. PLACE IN 8A	LTIMORE, MA	ARYLAND, Y	VHERE P	RONG	DUNCED DEAD	3. DATE	Lannon		4 Month	10 Day	70	еог	9:30 pm
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO		AL OR INS		ON, GIVE STREET		DUNCED DE		April	10.	1970		9:30 p M
39		ldent F	lospi	ta1		A. STATE	Maryla		deceosed	B. COU!	NTY /	ence be	elare admission)
6. SEX	7. RACE		8. MARI	RIED [NEVER MARRIED	C. CITY C				D. INSI	DE CITY LIA	NITS?	
Male	Negro		WIDOV	WED [DIVORCED		Balto				YES 🗌	N	10 🗆
9. DATE OF BIRT		IO. AGE (I	yeors y)	If Ur Mont	hs Days Hours Min.		AND NUM	BER			120		
11. BIRTHPLACE	State or Incela	1 42		12 6	ITIZEN OF		80 Pre	ssma	in St.				
Warsaw,	Virgini	.a		٧	VHAT COUNTRY?	Al	ex Ric						
done during most of	JPATION (GIV	e kind of work	14B. KIND	OF	BUSINESS OR INDUSTR	Y 15. MOTH	ER'S MAIDE	N NAM	AE				
Laborer			Cont	trac	ctor	Paul	ine Ja	cksc	n				
16. WAS DECEAS	SED EVER IN	U.S. ARMET	FORCE	5?	17. SOCIAL	18. INFO	MANT				ADDRES	SS	
Ves	WW II		OI POLATCE	7	SECURITY NO. 229-20-5285	Edwar	d Rich	_ 9	04 N	Monre	oe St.		
19.	< V				CAUSE OF DEA		4 2011		01	1.0112.	JC DC.	APPR	OXIMATE INTERVAL
OTHER SIGN	OR CONDITION E ABOVE CAI NG CONDITION NIFICANT CON ATH BUT NOT	II	NTDIRIT	TING	(6) DUE TO, OR	AS A CONS	EQUENCE OF						
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-1//												YE	
UNDERLYING CA	(Month) (D	TRIB-		r) 22	LACE OF INJURY(e.p., farm, foctory, street, office Street E.INJURY OCCURRED HILEAT NOT ORK AT W		500 22F. HOW D	blk.	Pres URY OCC	sman S	St./	- 10	n, and was
23.	lify that I he	eld an li	ngulry [topsy XX				sho			
resul	ted from: N	atum) rau		_ A-	cident Suicid	-	omicide 🔯		Indetermi		_	Ditt	
ACTUAL	(D	2	/	1 /-	-11	CHIEF MED				ier []	0	ATE SIGNED
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NAME (sidore	Mih	1 21	kis, M.D.	ASS	OCIATE MED	ICAL E	KAMINER		, , , , , ,	7.0	
24A. BURIAL CRE	MATION, 2	4B. DATE	TILII	240	NAME of CEMETERY	or CREMAT	ORY	24D. 1	OCATION	, (CII)	4/11/		(Stote)
REMOVAL (Speci	fy)	4-15-7	0		Baltimore Na								(Stole)
Bufial										ore, I	Maryla		
APR 1	4 1970	Poled		-	OF REGISTRAR		FUNERAL D			02 Ma	ADDRES dison		
VS 151-REV. 1/1/6	8												

VS 150-REV. 1/1/68



4-15-70 M

from

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

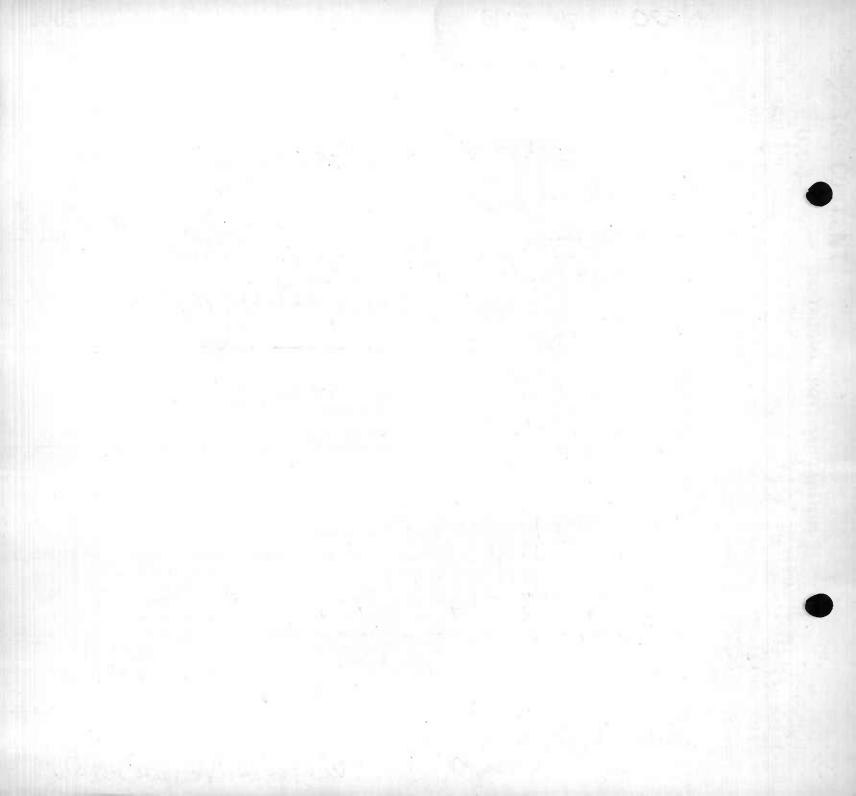
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If Under 24 Hrs.

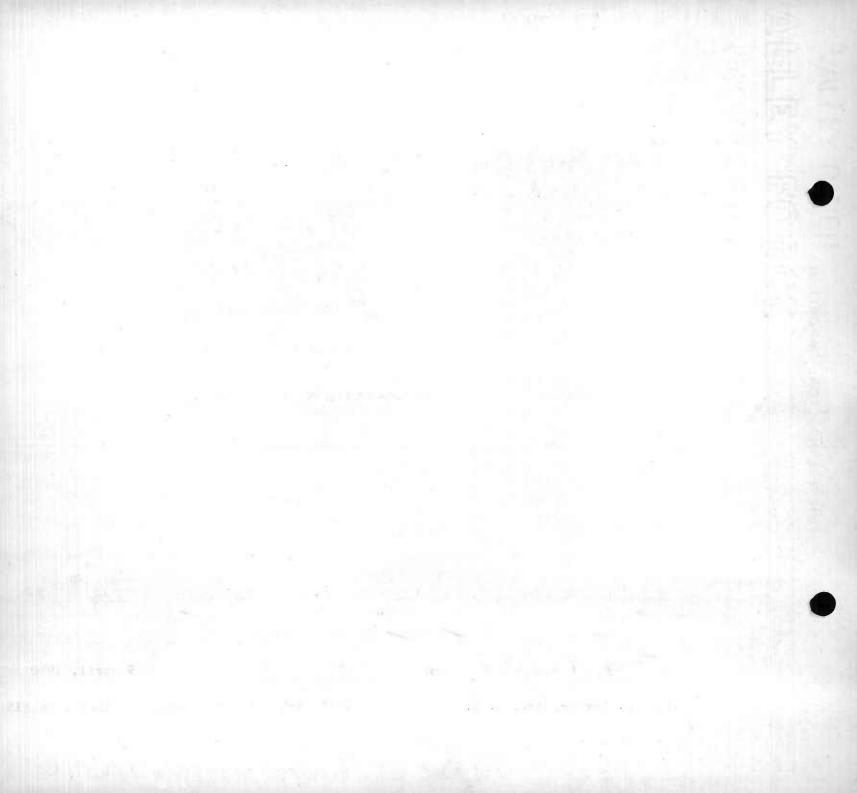
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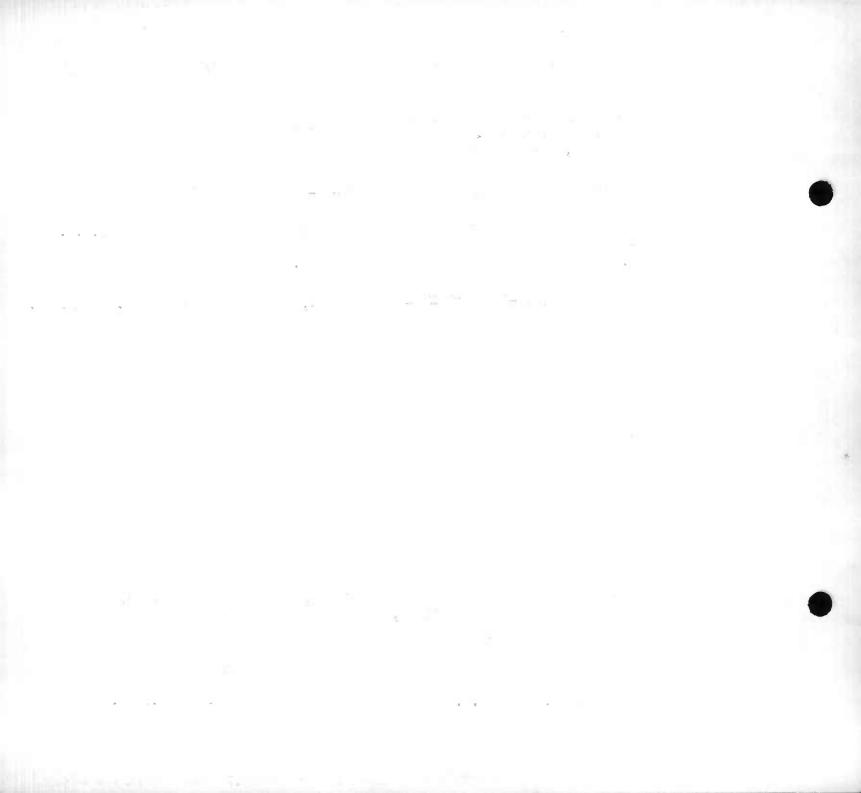


VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



M.5	00	BALTIMORE CIT	Y HEALTH DEPARTMENT		PHO.	
BIRTH NO.	70	3908 CERTIFICA	ATE OF DEATH	REG. NO	.70	3908
(Type or Print)		JOHN MEREDITH	2. DATE A	and Hour of DEATH	0 ,	7:30 P
FULL NAME OF HOSPITAL OR INSTITUTION	Veterans Admi 3900 Loch Rav Baltimore, Ma		A USUAL RESIDENCE (WA. STATE B. COI Maryland C.CITY OR TOWN Baltimora E. STREET AND NUMBER 5318 Holder	D. IN	SIDE CITY LIM	744
5. SEX	6. RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AOE (In years last birthdoy)	II Under Months D	Yr. II Under 24 Hrs Poys Hours Min.
Male	White	WIDOWED DIVORCED	10-11-98		IVIONINS C	Poys Hours Min.
Sales	man	108. KIND OF BUSINESS OR INDUSTRY Retired	Maryland	reign country)	12. CITIZE	N OF WHAT COUNTRY
	y P. Mann		14. MOTHER'S MAIDEN N Helen E. Che			
5. Was Decease Yes, no or unknow Yes	d Ever in U. S. Armed Form) III yes, give wor or dole 3-20-17 to 7	s of service) SECUNTY NO.	VA Hosp., B900	Records Loch Ra ver		Balto. Md.
DISEASES	LEADING TO DEATH nat mean the mode of , astheric, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) IG CONDITION last,	the disease, death.)	A CONSEQUENCE OF: A PLASTIC A N A CONSEQUENCE OF:	100 100 100 100 100 100 100 100 100 100		8 months
DISEASE OR	FICANT CONDITIONS CONTINUES TO THE CONDITION GIVEN IN PARTIES OPERATION 1198. CONTINUES TO THE CONTINUES TO	E TERMINAL	700			***************************************
0	WAS PERF	ORMED	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	TINDINOS CO USES OF DE	ONSIDERED ATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examines	218 PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(It In Boltimo	re City, give e	exect lecetion)
OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hous) 21E INJURY OCCURRED While At Not While Work	21F. HOW DID IN	JURY OCCUR?		
	y that (\$\$ (this hospital)) last saw the deceased	ottended the deceased from d alive onApril 11,	April 11,	19 70 to Apr		19 70
and hour an	d from the causes state	ed obove. (1) (We) (did) (d)라다다 v	lew the body after death.	6		
23A. SIGNAT	It Con	and then DEGREE Phys	nding Med. Director	Staff Phys.	238. DATE 5	11. 70
23C. PHYSICI, NAME (Sayyed T.	Shah M.D.	3900 Loch Rave		o., Md.	21218
5A. DATE RECT	MATION, 248, DATE (Specily) A HEALTH ST.	24C. NAME of CEMETERY OF CRE		De levelue	ly, town, or co	
S 150-REV. 1/1/	68		Mellono	Cy' (30	UNIT	UU YAAJORES

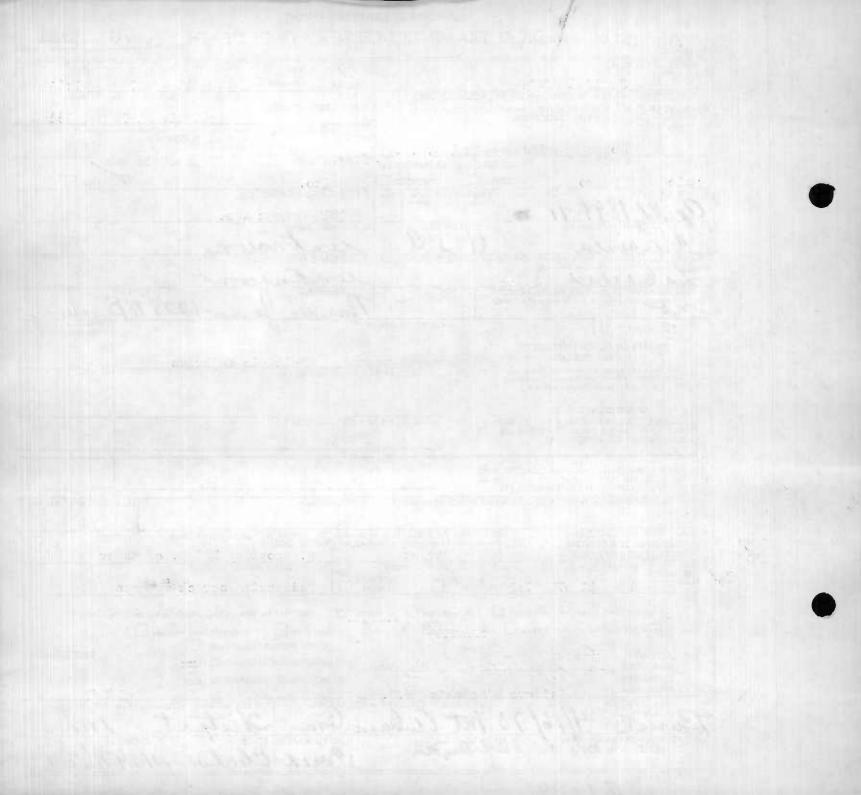


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BIR	70 TH NO.	3911	MED	ICA	L EX	AMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO	70	391	1
	NAME OF DE	CEASED					2. DATE	Known 🔲	Month	Doy	Year	Hour	
CAN	or rinny	JAMES	JOYNE	ER			OF DEATH	Estimoted	4	11	70	7.1.1.	m 11
4. F	PLACE IN BA				RONOL	JNCED DEAD	3. DATE		Month	Dov	Yeor	Hour	р м.
	L NAME OF					N, GIVE STREET	PRONO	UNCED DEAD	741011111	50,	1401		
	SPITAL INSTITUTION	ADDRE	SS OR LOCA	TION)		, , , , , , , , , , , , , , , , , , , ,			Apri		1970	744	4 DM.
OK	Maillollon						5. USUAL R	ESIDENCE (Where	deceosed li	ved. If Instituti	on: residence	belore odmis	slon)
		Tohns	Honkir	e Ho	eni t	al D.O.A.	A. STATE	Marriand		B. COUNTY		DAD	/
6. 5	EX	17. RACE	HOPKII			NEVER MARRIED	C. CITY OF	Maryland		In Interne	CITY LIMITS	200	
								101114					
	[ale	Negro			WED 🗌		Ba1	to.			YES 🗾	NO 🗆	
9. D	ATE OF BIR	TH 1 D MA	10. AGE (In	yeors	If Und	er 1 Yr. II Under 24 Hrs.	E. STREET	AND NUMBER					
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11.1	MRTHPLACE	State or foreig	in country)	455	12 CIT	IZEN OF	13. FATHER	0 Lamont	ive.				
1	11		, cooming		ANI	AT COUNTRY?	13. FATHER	3 IVAME					
	Ull	genco		Later and the second	11	. 1. 4.	w	unoi	un				
14A.	USUAL OCCI	MATION (GIV	e kind of work	4B. KIN	D OF BL	ISINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NAM	AE	1			
COLE	During most of	working Hie, ev	en mressred)				110	att)			
14 1	WAS DECEAS	SED EVER IN	IIS APMED	FORCE	co 11	7. SOCIAL	18. INFOR	conse	orpo		1000000		
(Yes,	no of unknown	(If yes, give v	vor or dotes	of service	e)	SECURITY NO.	I STOKE				ADDRESS	1	
1	no						1 heen	nie lo	near	1228	11.12r	vallera	us
	19.	14.				CAUSE OF DEA	TH	//				APPROXIMATE IN	THEVAL
П	EOI							0			BET	WEEN ONSET A	NO DEATH
Н	DISEAS	SE OR COND		TLY									
	(This days	LEADING TO				(A)IMMEDIATE C		Multiple	inju	ries			
	heart lailure	not mean the e, osthenia, etc.	. It means the	disease.		DUE TO, OR	AS A CONSEQ	UENCE OF:					
н	injury or co	mplication which	ch coused dea	th.)									
Н													
1		NTECEDENT				fn)							
						(B)							
	RISE TO TH	E ABOVE CAL	ONS, IF ANY, USE (A) STAT	GIVING	2	DUE TO, OR	AS A CONSE	QUENCE OF:					
_	RISE TO TH UNDERLY	OR CONDITION E ABOVE CAN NG CONDITI	ONS, IF ANY, USE (A) STAT ON LAST.	GIVING ING THE	È	DUE TO, OR	AS A CONSE	QUENCE OF:					
NO	RISE TO TH UNDERLY	NG CONDIII	ON LAST.	GIVING		(C)	AS A CONSE	QUENCE OF:					
ATION	UNDERLYI	NG CONDIII	ON LAST.			DUE TO, OR	AS A CONSE	QUENCE OF:					
ICATION	OTHER SIGN TO THE DE	NG CONDITI	II IDITIONS CO	ONTRIBUTHE TERM	TING	DUE TO, OR	AS A CONSE	QUENCE OF:					
TIFICATION	OTHER SIGN TO THE DE DISEASE OF	NG CONDITION NIFICANT CON ATH BUT NOT R CONDITION	II IDITIONS CO	ONTRIBUTHE TERM	TING MNAL	(c)							
ERTIFICATION	OTHER SIGN TO THE DE DISEASE OF	NG CONDITION NIFICANT CON ATH BUT NOT R CONDITION	II IDITIONS CO	ONTRIBUTHE TERM	TING MNAL	DUE TO, OR					21. AUTO	OPSY? (Yes or	r No)
CERTIFICATION	OTHER SIGN TO THE DE DISEASE OF	NG CONDITION NIFICANT CON ATH BUT NOT R CONDITION	II IDITIONS CO	ONTRIBUTHE TERM	TING MNAL	(c)					21. AUTO		r No)
12	OTHER SIGN TO THE DE DISEASE OF TO THE DE DISEASE OF TO THE DE DISEASE OF THE DIS	NG CONDITION NIFICANT CON ATH BUT NOT R CONDITION F OPERATION	II IDITIONS CORELATED TO GIVEN IN PA	ONTRIBUTHE TERM	TING MINAL FOR W	(C)	AS PERFORM	ED	(I - P - Iv			YES	r No)
CAL	OTHER SIGN TO THE DE DISEASE OF TO THE DE DISEASE OF THE DESEASE OF T	NIFICANT CON ATH BUT NOT R CONDITION F OPERATION	II III III III III III III III III III	ONTRIBUTHE TERM	TING MNAL FOR W	(c)	AS PERFORM	ED 2C, WHERE DID (f in Balilmo	re City, give e		YES	
EDICAL	OTHER SIGN TO THE DE DISEASE OF COMMENT OF C	NG CONDITION NIFICANT CON ATH BUT NOT R CONDITION F OPERATION	ON LAST. II JUITIONS CC RELATED TO GIVEN IN PA 1 20B. CON WAS TRIB-	ONTRIBUTHE TERM	TING MNAL FOR W	(C)HICH OPERATION WA	AS PERFORM	ED 2C. WHERE DID (VIURY OCCUR?			mact location)	YES	
MEDICAL	OTHER SIGN TO THE DE DISEASE OF THE DE DISEASE OF THE DE DISEASE OF THE DESCRIPTION OF TH	NIFICANT CON AITH BUT NOT R CONDITION F OPERATION INAL CAUSE:	ON LAST. II JUITIONS CC RELATED TO GIVEN IN PA 1 20B. CON WAS TRIB-	ONTRIBUTHE TERMINATION	FOR W	HICH OPERATION WARE OF INJURY (e.g., orm, loctory, street, office	S PERFORM	ED 2C, WHERE DID (7ay 26	S. of	mact location)	YES	
MEDICAL	OTHER SIGN TO THE DE DISEASE OF THE DE DISEASE OF THE DE DISEASE OF THE DE DISEASE OF THE DISEAS	NIFICANT CON ATH BUT NOT R CONDITION F OPERATION WAL CAUSE G DOR CON' LUSE OF DEA (Month) (D	ON LAST. II IDITIONS CC RELATED TO GIVEN IN PA I 2008. CON WAS TRIB- TH. OY) (Yeor)	ONTRIBUTED IN THE TERM IN TO A TO	FOR W	HICH OPERATION WARRED OF INJURY (e.g., orm, loctory, street, office Street	In or obout 2	2C. WHERE DID (VIURY OCCUR? S. Broady 2F. HOWDID INJ	vay 26	S. of	Eager	YES	
MEDICAL	OTHER SIGN TO THE DE DISEASE OF THE DE DISEASE OF THE DE DISEASE OF THE DESCRIPTION OF TH	NIFICANT CON AITH BUT NOT R CONDITION F OPERATION INAL CAUSE:	ON LAST. II IDITIONS CC RELATED TO GIVEN IN PA I 2008. CON WAS TRIB- TH. ODY) (Yeor)	ONTRIBUTED IN THE TERM IN TO A TO	FOR W	HICH OPERATION WARRED OF INJURY (e.g., orm, loctory, street, office Street	In or obout 2	2C. WHERE DID (1) VIURY OCCUR? S. Broady	vay 26	S. of	Eager	YES	
MEDICAL	OTHER SIGN TO THE DE DISEASE OF THE DE DISEASE OF THE DE DISEASE OF THE DESCRIPTION OF TH	NIFICANT CON ATH BUT NOT R CONDITION F OPERATION NAL CAUSE GLOR CON' RUSE OF DEA (Month) (D	ON LAST. II IDITIONS CC RELATED TO GIVEN IN PA I 2008. CON WAS TRIB- TH. TH. TO Y TO Y TO	ONTRIBUTHE TERMENT 1 (A) IDITION 7:30	PING JINAL FOR W	HICH OPERATION WAR ACE OF INJURY (e.g., orm, loctory, street, office Street LINJURY OCCURRED NOT RK NOT AT W	In or obout 2 bldg., etc.)	2C. WHERE DID (VIURY OCCUR? S. Broady 2F. HOW DID INJ Pedestria	vay 26 URY OCCI In str	S. of	Eager	YES	
MEDICAL	OTHER SIGN TO THE DE DISEASE OF THE DE DISEASE OF THE DE DISEASE OF THE DESCRIPTION OF TH	NIFICANT CON ATH BUT NOT R CONDITION F OPERATION WAL CAUSE G DOR CON' LUSE OF DEA (Month) (D	ON LAST. II IDITIONS CC RELATED TO GIVEN IN PA I 2008. CON WAS TRIB- TH. TH. TO Y TO Y TO	ONTRIBUTED IN THE TERM IN TO A TO	FOR W 22B. PL/ home, fi	HICH OPERATION WAR ACE OF INJURY (e.g., orm, loctory, street, office Street INJURY OCCURRED NOT RK NOT RK AT W	In or obout 2	2C. WHERE DID (VIURY OCCUR? S. Broady 2F. HOWDID INJ	vay 26 URY OCCI In str	S. of	Eager	YES	
MEDICAL	OTHER SIGN TO THE DE DISEASE OF D	NIFICANT CON ATH BUT NOT R CONDITION F OPERATION NAL CAUSE GLOR CON' RUSE OF DEA (Month) (D	ON LAST. II IDITIONS CC RELATED TO GIVEN IN PA I 2008. CON WAS TRIB- TH. Oy) (Yeor) 1 Oeld on Ir	ONTRIBUTHE TERVISIT I (A) IDITION 7:30 Inquiry	FOR W 22B. PL/ home, fi	HICH OPERATION WAR ACE OF INJURY (e.g., orm, loctory, street, office Street INJURY OCCURRED NOT RK NOT RK AT W	In or obout 2 bidg., etc.) II	2C. WHERE DID (NURY OCCUR? S. Broadv 2F. HOW DID INJ Pedestria and that on th	vay 26 URY OCCI in str	i S. of	Eager auto	YES	
MEDICAL	OTHER SIGN TO THE DE DISEASE OF D	NIFICANT CON ATH BUT NOT R CONDITION F OPERATION WAL CAUSE OF CONTROL (Month) (D 4 11	ON LAST. II IDITIONS CC RELATED TO GIVEN IN PA I 2008. CON WAS TRIB- TH. Oy) (Yeor) 1 Oeld on Ir	ONTRIBUTHE TERVISIT I (A) IDITION 7:30 Inquiry	FOR W 22B. PL/ home, fi	HICH OPERATION WARDS OF INJURY (e.g., arm, loctory, street, office Street INJURY OCCURRED ILEAT NOT NOT RK AT WARD	S PERFORM In or obout 2 bidg., etc.) II WHILE 2 YORK 4 Hopsy XX	ED 2C. WHERE DID (VIURY OCCUR? S. Broadv 2F. HOW DID INJ Pedestria and that on the	uny 26 uny occi un str is basis,	S. of	Eager auto	YES	
MEDICAL	OTHER SIGN TO THE DE DISEASE OF D	NIFICANT CON AITH BUT NOT R CONDITION F OPERATION INAL CAUSE GO OF DEA (Month) (D 4 11 tify that I he	ON LAST. II IDITIONS CC RELATED TO GIVEN IN PA I 2008. CON WAS TRIB- TH. Oy) (Yeor) 1 Oeld on Ir	ONTRIBUTHE TERVISIT I (A) IDITION 7:30 Inquiry	FOR W 22B. PL/ home, fi	HICH OPERATION WAR ACE OF INJURY (e.g., orm, loctory, street, office Street INJURY OCCURRED NOT RK NOT RK AT W	In or obout 2 bidg., etc.) II WHILE ORK topsy Ho	2C. WHERE DID (NURY OCCUR? S. Broady 2F. HOW DID INJ Pedestria and that on the micide L CHIEF MEDICAL E	vay 26 URY OCCU an str is basis, Indetermin	S. of	Eager auto	YES	8
MEDICAL	OTHER SIGN TO THE DE DISEASE OF INJURY (APPROX.) 23.	NIFICANT CON ATH BUT NOT R CONDITION F OPERATION NAL CAUSE G DOR CON' AUSE OF DEA (Month) (D	ON LAST. II IDITIONS CC RELATED TO GIVEN IN PA I 2008. CON WAS TRIB- TH. Oy) (Yeor) 1 Oeld on Ir	ONTRIBUTHE TERVISIT I (A) IDITION 7:30 Inquiry	FOR W 22B. PL/ home, fi	HICH OPERATION WAR ACE OF INJURY (e.g., orm, loctory, street, office Street INJURY OCCURRED NOT RK NOT RK AT W	In or obout 2 bidg., etc.) II WHILE ORK topsy Ho	ED 2C. WHERE DID (VIURY OCCUR? S. Broadv 2F. HOW DID INJ Pedestria and that on the	vay 26 URY OCCU an str is basis, Indetermin	i S. of	Eager auto	YES 80	8
MEDICAL	OTHER SIGN TO THE DE DISEASE OF THE DESEASE OF THE	NIFICANT CON AITH BUT NOT RECONDITION F OPERATION INAL CAUSE: 5 DO CON USE OF DEA (Month) (D 4 11	ON LAST. II IDITIONS CC RELATED TO GIVEN IN PA I 2008. CON WAS TRIB- TH. Oy) (Yeor) 1 Oeld on Ir	ONTRIBUTHE TERVISIT I (A) IDITION 7:30 Inquiry	FOR W 22B. PL/ home, fi	HICH OPERATION WAR ACE OF INJURY (e.g., orm, loctory, street, office Street INJURY OCCURRED NOT RK NOT RK AT W	In or obout 2 bidg., etc.) II ORK	2C. WHERE DID (NURY OCCUR? S. Broady 2F. HOW DID INJ Pedestria and that on the micide L CHIEF MEDICAL E	vay 26 URY OCCU IN STR Is basis, Indetermine KAMINER KAMINER	S. of	Eager auto	YES 80	8
MEDICAL	OTHER SIGN TO THE DE DISEASE OF LINE DE LEASE OF LINE DE LA CONTROL DE LA	NIFICANT CON AITH BUT NOT RECONDITION FOPERATION INAL CAUSE: SIZOR CON' (Wonth) (D 4 11 tify that I he ted from: N URE.	ON LAST. II IDITIONS CORELATED TO GIVEN IN PA II 20B. CON WAS TRIB- TH. IOV) (Yeor, III TO GOVE IN IN PA III TO GOVE IN	DNTRIBUTHE TERM (A) IDMON 7:30 quiry [sees]	PING MINAL POR WITH PROPERTY OF PARTY O	HICH OPERATION WARDS OF INJURY (e.g., orm, loctory, street, office Street INJURY OCCURRED ILEAT NOT RK NOT AT W. Inspection August A	In or obout 2 bidg., etc.) II ORK	2C. WHERE DID (1) UNITY OCCUR? S. Broady 2F. HOW DID INJ Pedestria and that on the control of the control o	vay 26 URY OCCU IN STR Is basis, Indetermine KAMINER KAMINER	S. of	Eager auto	YES 80	8
MEDICAL	OTHER SIGN TO THE DE DISEASE OI 22A. EXTER UNIDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23. I cert resul ACTUAL SIGNAT EXAMIN NAME (BURIAL CRE	NIFICANT CON ATH BUT NOT R CONDITION F OPERATION INAL CAUSE G DOR CONTINUES OF DEA (Month) (D 4 11 tify that I he ted from N URE URE URE URE URE URE URE UR	ON LAST. II IDITIONS CORELATED TO GIVEN IN PA II 20B. CON WAS TRIB- TH. IOV) (Yeor, III TO GOVE IN IN PA III TO GOVE IN	DNTRIBUTHE TERM (A) IDMON 7:30 quiry [sees]	FOR W	HICH OPERATION WAR ACE OF INJURY (e.g., orm, loctory, street, office Street INJURY OCCURRED NOT RK NOT RK AT W	In or obout 2 bidg., etc.) II WHILE ORK ASSI ASSO	2C. WHERE DID (NURY OCCUR? S. Broady 2F. HOW DID INJ Pedestria and that on the micide L CHIEF MEDICAL EXTENT MEDICAL EX	vay 26 URY OCCU IN STR Is basis, Indetermine KAMINER KAMINER	uck by death in m	Eager auto	YES 80 DATE SIGN	IED .
MEDICAL	OTHER SIGN TO THE DE DISEASE OF D	NIFICANT CON ATH BUT NOT R CONDITION F OPERATION INAL CAUSE G DOR CONTINUES OF DEA (Month) (D 4 11 tify that I he ted from N URE URE URE URE URE URE URE UR	ON LAST. II IDITIONS CC RELATED TO WAS TRIB- TH. ROY) (Yeor) To The country of the count	DNTRIBUTHE TERM (A) IDMON 7:30 quiry [sees]	FOR W	HICH OPERATION WARD Street JINUARY OCCURRED JI	In or obout 2 bidg., etc.) II WHILE ORK ASSI ASSO	2C. WHERE DID (NURY OCCUR? S. Broady 2F. HOW DID INJ Pedestria and that on the micide L CHIEF MEDICAL EXTENT MEDICAL EX	tay 26 URY OCCI IN STR Is basis, Indetermine KAMINER KAMINER KAMINER	uck by death in m	Eager auto	VES BO DATE SIGN	S IED
MEDICAL	OTHER SIGN TO THE DE DISEASE OI 22A. EXTER UNIDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23. I cert resul ACTUAL SIGNAT EXAMIN NAME (BURIAL CRE	NIFICANT CON ATH BUT NOT R CONDITION F OPERATION INAL CAUSE G DOR CONTINUES OF DEA (Month) (D 4 11 tify that I he ted from N URE URE URE URE URE URE URE UR	ON LAST. II IDITIONS CC RELATED TO WAS TRIB- TH. ROY) (Yeor) To The country of the count	DNTRIBUTHE TERM (A) IDMON 7:30 quiry [sees]	FOR W	HICH OPERATION WARD Street JINUARY OCCURRED JI	In or obout 2 bidg., etc.) II WHILE ORK ASSI ASSO	2C. WHERE DID (NURY OCCUR? S. Broady 2F. HOW DID INJ Pedestria and that on the micide L CHIEF MEDICAL EXTENT MEDICAL EX	tay 26 URY OCCI IN STR Is basis, Indetermine KAMINER KAMINER KAMINER	uck by death in m	Eager auto	YES 80 DATE SIGN	IED .
MEDICAL	OTHER SIGN TO THE DE DISEASE OI 22A. EXTER UNIDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23. I cert resul ACTUAL SIGNAT EXAMIN NAME (BURIAL CRE	NIFICANT CON ATH BUT NOT R CONDITION F OPERATION INAL CAUSE G DOR CONTINUES OF DEA (Month) (D 4 11 tify that I he ted from N URE URE URE URE URE URE URE UR	ON LAST. II IDITIONS CC RELATED TO WAS TRIB- TH. ROY) (Yeor) To The country of the count	DNTRIBUTHE TERM (A) IDMON 7:30 quiry [sees]	FOR W	HICH OPERATION WARD Street JINUARY OCCURRED JI	S PERFORM In or obout 2 2 bidg., etc.) II White 2 2 Copey XX e	2C. WHERE DID (NURY OCCUR? S. Broady 2F. HOW DID INJ Pedestria and that on the micide L CHIEF MEDICAL EXTENT MEDICAL EX	an str is basis, Indetermine KAMINER KAMINER KAMINER	death in my death in my led manner (City, tow	Eager auto y opinion	VES BO DATE SIGN 170	IED .
MEDICAL	OTHER SIGN TO THE DE DISEASE OI 22A. EXTER UNIDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23. I cert resul ACTUAL SIGNAT EXAMIN NAME (BURIAL CRE	NIFICANT CON ATH BUT NOT R CONDITION F OPERATION INAL CAUSE G DOR CONTINUES OF DEA (Month) (D 4 11 tify that I he ted from N URE URE URE URE URE URE URE UR	ON LAST. II IDITIONS CC RELATED TO WAS TRIB- TH. ROY) (Yeor) To The country of the count	DNTRIBUTHE TERM (A) IDMON 7:30 quiry [sees]	FOR W	HICH OPERATION WARD Street JINUARY OCCURRED JI	S PERFORM In or obout 2 2 bidg., etc.) II White 2 2 Copey XX e	Pedestria and that on the micide Lither Medical Eciate Medical Eci	an str is basis, Indetermine KAMINER KAMINER KAMINER	death in my death in my led manner (City, tow	Eager auto	VES BO DATE SIGN 170	IED .
MEDICAL	OTHER SIGN TO THE DE DISEASE OI 22A. EXTER UNIDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23. I cert resul ACTUAL SIGNAT EXAMIN NAME (BURIAL CRE	NIFICANT CON ATH BUT NOT R CONDITION F OPERATION INAL CAUSE G DOR CONTINUES OF DEA (Month) (D 4 11 tify that I he ted from N URE URE URE URE URE URE URE UR	ON LAST. II IDITIONS CC RELATED TO WAS TRIB- TH. ROY) (Yeor) To The country of the count	DNTRIBUTHE TERM (A) IDMON 7:30 quiry [sees]	FOR W	HICH OPERATION WARD Street JINUARY OCCURRED JI	S PERFORM In or obout 2 2 bidg., etc.) II White 2 2 Copey XX e	Pedestria and that on the micide Lither Medical Eciate Medical Eci	an str is basis, Indetermine KAMINER KAMINER KAMINER	death in my death in my led manner (City, tow	Eager auto y opinion	VES BO DATE SIGN 170	S IED



VS 150-REV. 1/1/68

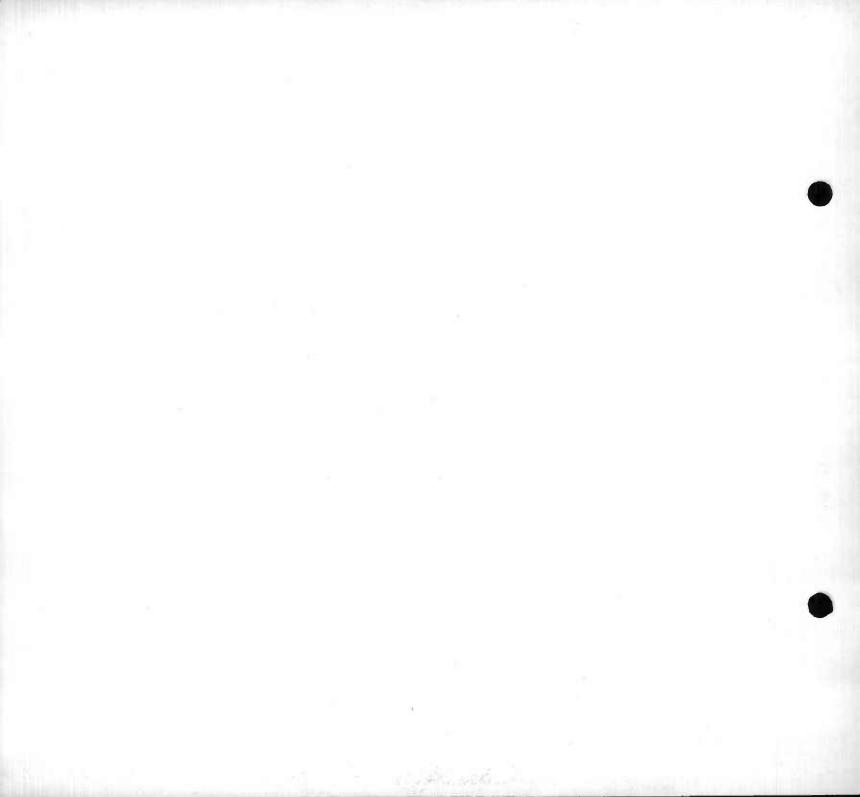
BALTIMORE CITY HEALTH DEPARTMENT

70 3913

70 3913 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. N

BIRTH NC.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) ISAAC GAYLORD	OF DEATH Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	4 13 1970 7:15 A. _{M.}
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
1045 Greenmount Ave. (DOA)	Md. 100/
6. SEX 7. RACE B. MARRIED X NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Balto. VES KX NO□
9/DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs.	Balto. YES KX NO L
19 103 (last birthday) Months ; Days ; Haurs ; Min.	L. SINCEL AIRD INDEK
Jan . 1 . 1926 44	1045 Greenmount Ave.
11. JIRTHPLACE (Sole or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHERIS NAME
I with Carolina Conto	Dealer Shulland
14A USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
dose dyring masi of warking lile, even il reilred)	Ma am I Muse
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	118 INFORMATION AND ADDRESS
(Yes, na ar unknawn)(II yes, give war ar dates al service) SECURITY NO.	18. INFORMANT ADDRESS
	Vugene Elestard 1092 Flemont Chi
CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	DEFFICIT ORDER AND DEATH
LEADING TO DEATH	Endlongs
(This does not mean the made of dylng, e.g.,	AS A CONSEQUENCE OF:
heart lailure, asthenia, etc. It means the disease, Injury ar camplication which caused death.)	TO A SOLIDE OLIVE
,	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAY	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in ar about 22C. WHERE DID (II in Boltimore City, give exact location)
UNDERLYING OR CONTRIB-	bldg., etc.) INJURY OCCUR?
2 22D. TIME (Manih) (Day) (Year) (Hour) 22E INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INTURY	WHILE IT
23. m. WORK ATW	
	tapsy X and that on this basis, death in my opinion
resulted from: Natural causes X Accident Suicid	e Homicide Undetermined manner
11/2	CHIEF MEDICAL EXAMINER
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Russell S. Fisher, M.D.	4-13-70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
Kenty AL (Specify) 4/17/7/	Tout the Colt made
much 1/1/1 waying!	mis ac a fullis / yed.
APR 14 1970 (258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
APR 14 19/0 (Valley E. Jankey A.D.	By & Clickon 1129n Caroling of
VS 151-REV. 7/1/68	- John Marie Company

	BALTIMORE CITY HEALTH	H DEPARTMENT		
BIRTH NO. 70 3914	CERTIFICATE O	OF DEATH	S. NO. 70	3914
1. NAME OF DECEASED		2. DATE AND HOUR O	F DEATH	
Ellor de Ge	Au	4-9-70	0 1	2000
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DIAD 4. USUA	AL RESIDENCE (Where deceased	lived. If institution; raside	nce before admission
FILL NAME OF US NOT IN HOSPITAL OR INSTITUTE	1 00	B. COUNTY	11	00
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION!		OR TOWN	16	000
90 HARDOR	OILW CO.	Ty	D. INSIDE CITY LIMITS	
YA NURSINGL	- one E. STREI	ET AND NUMBER	YES U	NO 🗌
	11 43	- / 0	0 - 1:	540 -
5. SEX 6. RACE 7. MARRIED ST		OF BIRTH 9. AGE (In	eoline.	STREET
MAIL NUGRO WIDOWED	DIVORCED 6	last birthday	yoors 65 II Under 1 Y Months Doy	to If Under 24 Hrs. S Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BU	JSINESS OR INDUSTRY 11. BIRTH	HPLACE (State of foreign country)	12 CITIZEN	OF WHAT COUNTRY
done during most of working life, even if retired)		- total (block of total gir country)	12. CHIZEK	OF WHA! COUNTRY!
Marie		>. C.	4.	L. U.
13. FATHER'S NAME	14. MOT	THER'S MAIDEN NAME	2	
JERRY GRAY	30	CACIC HAR		
15 Was Deceased Fue it II S Amed Samed	SOCIAL 17. INFOR	RACIC HAR		DRESS
(Yes, no or unknown) (If yes, give wer or dotes of service)	SECURITI NO.	11: 200 1 W	QAAA	1) 1 1
11:	17-07-375 LU	elle Mal le	rus-12211.	(ausme)
18. 442 X	CAUSE OF DEATH	The state of the s	API BETW	PROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		4		- Control of the last
	(A) IMMEDIATE CAUSE	reprovascular Ace	dent H	mara
(This does not mean the mode of dying, e.g., heast failure, asthenia, etc. It means the disease,	DUE TO, OR AS A CONSEQ	QUENCE OF:	I February 1	
injury or complication which caused death.)				
ANTECEDENT CAUSES	(8) aneuron of	Dantinon immune	another 4	ears
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS A CONSE		eral Ottory	***************************************
rise to the above cause (A) staling the UNDERLYING CONDITION last.	(0)		- There is a second	
11	(C)			***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Deisens Dias	nder		Years
19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	CH OPERATION 120A. A	AUTOPSY? (Yes or No) 20R IF YE	S WERE FINDINGS CON	ISIDERED
198. DATE OF OPERATION 198. CONDITION FOR WHICE		AUTOPSY? (Yes or No) 20B, IF YE	YING CAUSES OF DEAT	H?
21A. ACCIDENT WAS UNDERLYING 21B. PLA	ACE OF INJURY (e.g., in or obout)	21 C. WHERE DID III	n Boltimore City, give exo	ri location)
S IDEALD (aguy medical examined local	arm, factory, street, affice bldg.	INJURY OCCUR?		a reconour
	Illay Occileate	015 110 110 110 110 110 110 110 110 110		
S OF INJURY		215. HOW DID INJURY OCCUP	T.	
(APPROX.) While A	Not While At Work			
22. I certify that (1) (this hospital) ottended the d	eceased from 27 meres	A 19 70 to	9 April	19 70
	7 April 19	0 -	our) opinion death oc	
and hour and from the couses stoted above. (1)-(W			opinion decin oc	corred on the date
23A. SIGNATURE	of (aid) (aid not) view the b	pody offer deoth.	lees m 4 = 2 = 2	Also
1 /-	Attending 1	Med. The Shiff The	23B, DATE SIG	MED
reter H. Remotem, MD	DEGREE Phys.	Med. Shaff Phys.	9 april	1970
23C. PHYSICIAN'S NAME (Type)	23D. ADDR	RESS	1	
PETER H. RHEINSTEIN	MD DEGREE HAR	RBOR VIEW. 121	3 LIGHT ST	
	of CEMETERY OF CREMATORY	24D. LOCATION	(City, town, or cou	nty) (Syste)
1244 4/11/70 mit	111, 1, 100	ale to	Tet -	mils
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE		FUNERAL DIRECTOR	ou ,	100
	200.1	J. M. W. DIRECTOR	11997	DELESS
APR 14 1970 Late & Jack S 150-REV. 1/1/68	ex KD	wen mus	7-11/4/11	mount of
3 13V=NE Ve 1/1/08				



1-620	710	0045		HEALTH DEPARTMENT		1510	0.15
BIRTH NO.		3915	CERTIFICA	TE OF DEATH	REG. NO	_70_	3915
Type or Print)				2. DATE A	ND HOUR OF DEATH		
	John R. F			Apr	il 10, 1970) [7 A.
PLACE IN BALTI	MORE MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who	ere docoased lived. If in	stitution; rosid	ence belaio admissio
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Md.	ID INI	IDE CITY LIMIT	206
0 14				Baltimore	D. 1143	YES K	NO
5/	Mercy Hos	pital		E. STREET AND NUMBER		163 [4]	140
				2833 N. How	ard St.		
SEX	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr. If Under 24 Hr
M	W	WIDOWED		11-13-1897	9. AGE (In years lost birthdoy)	Months Do	ys Hours Min.
A. USUAL OCCUP	ATION (Give kind of work	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	eign countryl	12. CITIZEN	OF WHAT COUNTS
Ret. Mac		US	Govt.	Annapolis, Mo	l		
FATHER'S NAM		, 0.0.	0000	14. MOTHER'S MAIDEN NA	ME	US	~
John Pa	nnich				-		
	ver in U. S. Armed For I yes, give wor or dote	ces?	1 6. SOCIAL	Adelia Wol:	tord		
	f yes, give wor or dote	s of service)	SECURITY NO.			AD	DRESS
No			215-40-4046	Mrs. J.R. F	Parrish	S	ame
18. 4/2.	21		CAUSE OF DEATH			AI	PPROXIMATE INTERVAL
DISEASE	OR CONDITION DIS	RECTLY		cerebro-vase			-ediate
DISEASES OR	shenio, etc. Il means ication which caused ITECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION lost.	death.)	Hyperte	maive (-V disea A CONSEQUENCE OF:	56	17	yrs.
ITO THE DEATH	II ANT CONDITIONS COI BUT NOT RELATED TO THE	IE TERMINAL	M-000000000000000000000000000000000000				
19A-DATE OF O	PERATION 198 CONI WAS PERF	ORMED		20A. AUTOPSY? (Yes or No	208, IF YES, WERE IN CERTIFYING CAL	FINDINGS COI	NSIDERED TH?
OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING NG CAUSE OF edicol exominer)	21 B. hom etc.J	PLACE OF INJURY (e.g., in e, form, foctory, street, aff	or obout 21 C. WHERE DID	(If In Baltimore	City, give exc	oct locotian)
21 D. TIME (A	Aonthi (Doyl (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?		
(APPROXI		Whi	le At Not While At Work				
22. I certify th	at (1) (this hospital)			0=-1	10 53 · 4= 3	0-	7/\
that (I) (we) la	st saw the decease	d alive an	4-8-	19.70 and the	19 <u>-23 to 4→]</u> at in(my) (aur) apin		19 <u>70</u> ccurred on the dat
and hour and f	om the causes state	ed abave. (I) (We) (did) (did not) vi	ew the body after death.			
23A. SIGNATORE	500	10		1		23B, DATE SIG	GNED
23C. PHYSICIAN	Mouth	cole	DEGREE Phys.	Med. Director Director	Staff Phys.	4-13-7	0
NAME (Type	E. Ellswo	nth Co	1		Ι Δ		
A. BURIAL CREAM	TION INE DATE		DEGREE	2431 Maryland			
KEMOVAL ISPO	cily)		ME of CEMETERY OF CREA		CATION (City	, lown, or cou	inty) (Stote)
Burial	4-14-70	Loud	don Park Cer	netery Bal	timore,		Md.
A. DATE REC'D BY		25B NAME O		25C. FUNERAL DIRECTOR	Sons Co	1005	DDRESS
150-REV. 1/1/68	Wister E.	STORY A	46.	Balto., N	ld. 21212	4905 Y	ork Ka.

C-CCIN 70 3916 BALTIMORE CITY	HEALTH DEPARTMENT
	S CERTIFICATE OF DEATH REG. NO. 70 3916
BIRTH NO.	REG, NO,
I. NAME OF DECEASE Daward	2. DATE Known Month Doy Year Hour
DALE GERLACH	DEATH Estimoted 4 11 70 2:55 p.m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	April 11, 1970 2:55 p M
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
Balto. City Hospital	A. STATE B. COUNTY 2652
6. SEX 7. RACE B. MARRIED NEVER MARRIED	
Male White WIDOWED DIVORCED 9. DATE OF BIRTH 10.AGE (In years 11 Under Yr. Under 24	
lost birthdoy) Months, Doys, Hours,	Min.
January 19,1960 10	4939 Schaub Ave.
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Maryland U.S.A	Donald E Gerlach
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDU	
Student	Katherine CXNXXXX Monroe
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (II yes, give wor or dotes of service) NO NO SECURITY NO. None	Mr Donald E Gerlach Same
19. CAUSE OF 1	DEATH APPROXIMATE INTERVAL
low 1111	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(A)IMMEDIA	ATE CAUSE Multiple injuries OR AS A CONSEQUENCE OF:
heort loilure, osthenio, etc. It means the disease, injury or complication which coused death.)	OK AS A CONSEQUENCE OF:
injury or complication which coused dealin.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING PUE TO, RISE TO THE ABOVE CAUSE (A) STATING THE	OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. AUTOPSY? (Yes or No)
	21. AUTOFSTY (100 or 110)
	no
O LINDEDLYING TOP CONTRIB	e.g., In or obout 22C. WHERE DID (II in Boltimore City, give exact location) office bldg., etc.) INJURY OCCUR?
UTING □ CAUSE OF DEATH. Street	Southboutd lane of Harbor tunnel through
OF INITIRY	122F. HOWDID INJURY OCCUR?
(APPROX)	NOT WHILE XX Pedestrian struck by auto
23,	Tedestrian struck by auto
I certify that I held an Inquiry Inspection XX	Autopsy and that on this basis, death in my opinion
resulted from: Notural causes AccidenXX Su	Icide Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER
ACTUAL Substitution	ASSISTANT MEDICAL EVAMINED TO
SIGNATURE A TITULALAND	,m.b.
NAME (Type) Teidore Mihalakis M D	ASSOCIATE MEDICAL EXAMINER (1/17/70)
24A, BURIAL CREMATION. 24B, DATE 24C, NAME of CEMET	4/12/70 ERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
Burial 4/15/70 Parkwood	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
APR 14 1910 Volent & Jacken ARD	Leonard J Ruck Inc. Baltimore, Maryland
VS 151-REV. 1/1/68	

Veducary 15, 1900 an Jone 1-4 Lettach Sarberine Climbiate North Baltis ers, Paryland Secret d Place top, Sel Sant & braces

FUNERAL DIRECTOR: IMPORTANT

P-200 70 35	11/	HEALTH DEPARTMENT	REG. NO	70 2917
BIRTH NO.	CERTIFICA	TE OF DEATH	XEO. 110	3011
1. NAME OF DECEASED (Type of Print) WILLIAM EDW	HRD PASCO	2. DATE AN	HOUR OF DEATH	0 1 /2:254.
3. PLACE IN BALTIMORE, MARYLAND, WHER	FRONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased fived. If insti	itution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	MD . C. CITY OR TOWN		2706 ECITY LIMITS?
49NORTH CHARLES &	ED. HOSP.	BACTIMO E. STREET AND NUMBER 282/ BEECO	-1-	YES NO
M white w	ARRIED NEVER MARRIED DOWED DIVORCED	1-5-17	cast birthday)	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108. one during most of working life, even if refired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareig	on country)	12. CITIZEN OF WHAT COUNTRY
MKCHINIST 3. FATHER'S NAME		PENNSYLU,	4NIA	U.S.A.
THOMAS PASO	36	CHRLST/	4	?.
os, no or unknown) (If yos, give war ar dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT VELVE	L. PASKO	ADDRESS
18.	CAUSE OF DEAT	1/1/1/1/1	Chil	* (JAME)
DISEASE OR CONDITION DIRECT LEADING TO DEATH IThis does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused deat ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) state UNDERLYING CONDITION last.	disease, h.) Que 10, OR AS Que 10, OR AS Que 10, OR AS	SE A CONSEQUENCE OF: A CONSEQUENCE OF:	for f	
OTHER SIGNIFICANT CONDITIONS CONTRIBETOR TO THE DEATH BUT NOT RELATED TO THE TEXT OF THE T	MINAL			
DISEASE OR CONDITION GIVEN IN PART 1 TA 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes at No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify modicol examined)	21 & PLACE OF INJURY (e.g., le home, form, factory, street, of alc.)	or about 21 C. WHERE DID	(If 16 Baltimore C	City, give exact location)
21D-TIME (Month) (Day) (Yaor) (Ha OF INJURY (APPROX.)	While At Not While Work	21 F. HOW DID INJU	RY OCCUR?	
22. I certify that (this hospital) attention (1) (we) last saw the deceased all			70 ta 4	in death accurred an the date
and have and from the causes stated a	bave. (1) (Me) (did) (did not) vi	ew the bady after death.	in thinks to any aprilla	death decoiled th the date
23A, SIGNATURE	Attended		hys. 4	BR. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	BILIN LYD	3D. ADDRESS MORTH Cha	OF GENER	eal Hospital
A BURIAL CREMATION, 248, DATE REMOVAL (Specify) H 13/70	24C. NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (Gily,	fown, or county) (Slate)
AND 1 A 1070	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	TO !!	ADDRESS
150-REV. 1/1/68	T. Name	LEONARY!	J. KUCK,	LNC.BA/TO. 2/2/



	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	3. FI H
	on on the	3.
	osp se o nnce nnce	F
	a h caus se; (11.
	in ng caus	
	ar and	10. do P
	ntriit mir egul sed	
	col col etei n re	do do
	dea Und as i	13.
E	triec (4)	
A	e d ind; eat}	15. (Ye
)RT	f th y k d d anc	L
APO	his of an ince	
5	Als Als att	
FUNERAL DIRECTOR: IMPORTANT	ner. actu pro ular mbo	
5	ami A fr Vho regi	
IRE	(3) (3) in v	ı
0	lical rns; sicio	z
RA	med med bu phy phy an	MEDICAL CERTIFICATION
Z	Body Body The	RTIFIC
5	he (2) re ph	L CE
	by pita	DICA
	ved hos natu	ME
	the the any exc	
	of of of tall (th);	
	ase ase dent dent dea must	1
	a hor to	
	this certificate must be ap the body was released to thows: (1) An accident of a was D.O.A. at a hospital (deceased prior to death);	
	dy Sold	24/
	s ce bows: bws: s D. ceas	25/
	Th sh w de	1 1

TWO	BALTIMORE CITY	Y HEALTH DEPARTMENT	10.0
BIRTH NO. I, NAME OF DECEASED	18 CERTIFICA	TE OF DEATH X REG. NO	70 3918
(Type or Print)	Y FLOWERS	APRIL 11 197	
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (Where deceased lived, If	10 4:47 PMM
FULL NAME OF IF NOT IN HOSPITAL OR ! HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	NSTITUTION, GIVE STREET	MD HOWARD COUNTY	6300
ST AGNES HOSPITAL		LAUREL	YES NO X
40		928 LYON AVENUE	
	RIED XNEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	il Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
THE STATE OF THE S	WED DIVORCED	105 19 22 47	
10A. USUAL OCCUPATION (Give kind of work 10B. KINdone during most of working life, even if refired) PSYCHIATRIC AIDE #5 S	PRING GROVE		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	TRING GROVE	MARYLAND	USA
		14. MOTHER'S MAIDEN NAME	
ERNEST FLOWERS		ELEANOR KLAPASKI	
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of sen	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
YES WORLD WAR 2	217 14 9236	ST AGNES HOSP CATON	& WILKENS AVE
18. 4/0/91	CAUSE OF DEAT	H ,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Be moder have	
(This does not mean the mode at dving.	(A) IMMEDIATE CAL		126
heart tailure, astheria, etc. It means the dis injury or complication which caused death.)	ease,	A CONSEQUENCE OF:	
ANTECEDENT CAUSES	6 cul	7 3 3 4 4 4 4 7 7	2.1. 7.17
DISCASES OF COMPANY	(B) DUE TO OR AS	A CONSEQUENCE OF:	refored male
rise la the above cause (A) stating UNDERLYING CONDITION tost.	.1	discussiones of	neit.
_ 11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMS	ING		
▼ IDISFASE OF CONDITION GIVEN IN PART 1 (A)	***************************************		***************************************
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A ACCIDENT WAS LINDERLYING	218 BLACE OF INTURY (o a li	NO	
OR CONTRIBUTING CAUSE OF DEATH inotify medical examiner	21B. PLACE OF INJURY (e.g., in hame, form, factory, street, af etc.)	ince bldg. INJURY OCCUR?	re City, give exoci location)
21D.TIME (Month) (Day) (Yeo) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
APPROX.)	White At Not White At Work		
22. I certify that (1) (thits hospital) attend	led the deceased from MA	IRCH 5 19 70 to Al	PRIL 11 19 70
that (I) (we) last saw the deceased alive		70	
and have and from the causes stated above			inion death occurred on the date
23A. SIGNATURE	A (1) Tife (Gia) (aid not) A	iew the body offer death.	228 DATE SIGNED
Muan	Atte	nding Med. Shaff	23 B, DATE SIGNED
23C. PHYSICIAN'S	DE GREE Phys	Director L Phys. L	7/11/10
MARAFAEL H MARIN M.	D.	It apres Med.	Center 21329
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (C	ity, town, or county) (State)
1 4 4 4 1	Fork Methodist	Baltimore Con	unty Maryland
25A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
APR 14 1970 Par E. Jan	en M.D.	Leonard J Ruck Inc. Bal	timore, Marvland
VS 150-REV. 1/1/68			, , , , , , , , , , , , , , , , , , , ,

1.535	BALTIMORE CITY	HEALTH DEPARTMENT		0.040
BIRTH NO. 70 39	19 CERTIFICA	TE OF DEATH	REG. NO	70 3919
1. NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	
LINTON, Clarence A			PRIL 1970	2:45 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re decoosed lived. If i	nstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET		ALTIMORE CI	TY 1741
HOSPITAL OR ADDRESS OR LOCATION) WETERANS ADMINISTR		C. CITY OR TOWN		IDE CITY LIMITS?
2 3 3900 LOCH RAVEN BOX		BALT IMORE		YES NO
		E. STREET AND NUMBER		
BALTIMORE, MARYLANI		4904 BELAIR R		
MAK	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years tast birthday)	Months Doys Hours Min.
The state of the s	WED DIVORCED	7-22-08	61	
OA, USUAL OCCUPATION (Give kind of work 10B, KIN lone during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTE
CABINET WORKER		SHADY SIDE, M	ARYLAND	U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
CLARENCE LINTON		MARY GRAMBODT		
i. Was Doceased Ever in U. S. Armed Farces? es,no or unknown) lif yas, give wer or dates of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS
YES 2-27-43 TO 6-29-4	SECURITY NO. 212-07-24-34	VA HOS	PITAL RECOR	
18.	CAUSE OF DEAT	3900 LOCH RAV	EN BLVD, BA	
017,2	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
(This does not mean the mode of dving	9.0	SE CONCESTIVE HE	ART FAILURE	
heart failure, asthenio, etc. It means the disc	של אים ניסו של היים	A CONSEQUENCE OF: PULMONALE		
injury or complication which caused death.)	2 0010 1	ULINDINALIS		
ANTECEDENT CAUSES	(B) CHRONIC	OBSTRUCTIVE AT	RWAY DISEAS	E
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
UNDERLYING CONDITION last	(C)			
- II	\(\sqrt{			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).		****************************		*************
1 to A - A - A - A - A - A - A - A - A - A	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE	FINDINGS CONSIDERED
		NO	IN CERTIFYING CA	USES OF BEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, of	or about 21 C. WHERE DID	(If In Boltimor	o City, give exact facation)
DEATH (natify medical exominer)	elc.)	ince plage listory occors		
21D-TIME (Month) (Doy) (Yeor) (Houd	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	White At Not White			
22. I certify that OR (this hospital) attend		***************************************		APRIL 19 70
that (1) (we) last sow the deceased offve	on 10 APRIL	19_70and the	at fn (our) opf	nion death occurred on the da
and hour and from the causes stated abov				
23A SIGNATURE	,			23B, DATE SIGNED
Caymond E. Knowles.	IN 1111 V A Dhim	nding Med.	Staff Phys.	17 APRIL 1970
23C-PHYSICIAN'S NAME (Type)	DEGREE Phys	3D. ADDRESS		173
NAME (Type)		3900 LC	CH RAVEN BI	
AA BURIAL CREMATION 1248 DATE	WLES, JR., M.D.		RE, MARYLAN	
REMOVAL (Specify)	C.NAME of CEMETERY of CRE			ty, town, or countyl (State)
	Moreland Memoria	I Cemetery	Baltimore	, Md.
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ole Two Del	ADDRESS
PR 14 1970 Robert E. Vante	M.D.	Leonard J. Ru	ck, inc. sal	to. Ma. ZIZIH
S 150-REV. 1/1/68				

. . . 91 The second second . . IMPORTANT

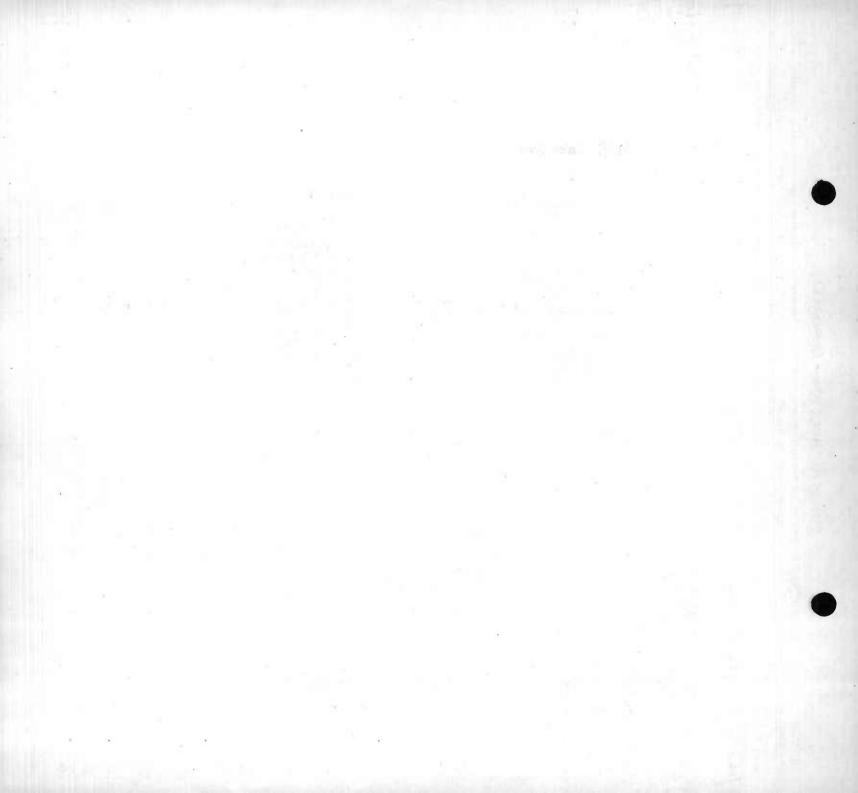
FUNERAL DIRECTOR:

THE WHITE WAS Shirt and . All of the last the last

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We brightness para a sale

T 110	K 100		BALTIMORE CITY	HEALTH DEPARTMENT		2004
T-42	0 70	3921	CERTIFICA	TE OF DEATH	REG. NO	70 3921
BIRTH NO.	CEASED				ND HOUR OF DEATH	- 10
(Type or Print)	Anna P Fl	iale			0-70	17 - D.
3. PLACE IN BA	ALTIMORE MARYLAND, V		CED DEAD	4. USUAL RESIDENCE (Who	ore deceased lived. If i	nstitution: residence before admission)
				A. STATE B. COU	NTY	1 ~11
FULL NAME O	F (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUTI	ON, GIVE STREET	Maryland		2/12
HOSPITAL OR	TO BREST ON TO O			Balto.	D. INS	SIDE CITY LIMITS?
20				E. STREET AND NUMBER		YES X NO
10	317起 Lake 1	lve		3	2.1	212
	10 2 4 2 2	Te -		3172 E Lal		212
S EX	6. RACE	* MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours Min.
F	W	WIDOWED	DIVORCED	9-4-91	78	
	CUPATION (Give kind of wor of working life, even if retired)	108. KIND OF BI	USINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
	red Governes	S		Germany		USA
3. FATHER'S N.				14. MOTHER'S MAIDEN NA	ME	0011
	oh F Flick		/ 00 5141	Regina W	Debus	ADDRESS
	ed Ever in U. S. Armed Fo vn) (If yes, give wor or date	es of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		2	17-34-8430	Mrs Gertrud	de F Von H	
18. / /	2/1		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISE	ASE OR CONDITION DI	RECTLY	Co no.	ionatoris		BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAL			0 1000
	not meon the mode of e, asthenio, etc. It meons		DUE TO, OR AS	A CONSEQUENCE OF:		
	omplication which caused		0	1		1:00
	ANTECEDENT CAUSES		Cal	lug		1 4000
DISFASES	OR CONDITIONS, if	ony giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise lo l	the above cause (A)					
UNDERLYIN	NG CONDITION last.		(c)			
~	II .				232.31	
	VIFICANT CONDITIONS CO					
C DISEASE OR	CONDITION GIVEN IN PA	RT 1 (A).		120 A	N 000 IF W-0	
19A. DATE O	OF OPERATION 198. CON	IDITION FOR WH	ICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
		1010 4		1 1010 11111111111111111111111111111111	(6.1. 0.4.	
OR CONTRI	DENT WAS UNDERLYING [BUTING CAUSE OF ify medical examiner)	home, etc.)	form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(It In Boltima	ore City, give exact location)
	(Month) (Day) (Year)	(Hour) 21E. IN	JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
21 D. TIME OF INJURY (APPROX.)		While		e 🦳		
TATT ROZE		Work	At Work	7.0	10-0	10 70
22. I certif	fy that (1) (this hospita	1) ottended the	deceased from	Vacy.	1960 to	YVU 19
that (1) (un	e) last sow the deceas	ed alive on	4/10	19 70 ond t	hot in (my) (aur) op	inlon death occurred on the dat
ond hour o	and from the couses sta	ted obove. (I) ((did) (did not)	lew the bady ofter deoth.		
23A. SIGNA						238. DATE SIGNED
1/1	100011.	7 70		nding Med.	Stoff	4/13/70
23 C. PHYSIC	IAN'S	1 10	OEGREE Phy	s. Director L	Phys.	1,0110
NAME						21218
	lliam F. Frit		DEGREE		ty Parkway	
4A. BURIAL CI REMOVAL		24C. NAN	LE of CEMETERY OF CR	EMATORY 24D.	LOCATION	City, town, or county) (State)
Buria		O Mor	eland Cem.		Balto.	Balto. Md.
		258 NAME OF		25C. FUNERAL DIRECTO		ADDRESS
APR 1 4	1970 Justen 8	Jankey 1	66	Leonard J	Ruck Inc 5	305 Harford Rd
15 150 251/ 1/1	1//0	- 25		Decirate o	THO A	707 1101 201 0 110



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1.18.70

1	F13 WA -00		HEALTH DEPARTMENT		2002
BIRTE	-523 70 392	CERTIFICA	TE OF DEATH	REG. NO	3323
1. NA (Type	or Print		,	12-70	1 10b
3. PL	ACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where	decoased lived, If ins	litution: residence before admission)
HOS	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		C. CHA OR TOWN	ne	DE CITY LIMITS? YES P NO
01	12/3/ishlet.	Dalti 30	E. STREET AND NUMBER	wood Au	e.
5. SE	X 6. RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	II Under 1 Yr. If Under 24 Hrs.
104	Window WIDOW USUAL OCCUPATION (Give kind of work 10B, KINE	VED DIVORCED	7-13-01	68/10	12. CITIZEN OF WHAT COUNTRY
	during mast of working life, even il retired)	OF BOSINESS OK INDUSTRI	mant le	S).	LL S P.
13. F.	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	ų.	0,20. ///
1	mal & Ettel.		mare La	Reun	as.
S. W Yes,	os Deceased Ever in U. S. Armed Forces? no ownknown) (If yos, give wor or dotes of servi	16. SOCIAL SECURITY NO.	Mrs. Theresa Br	uce	(Same)
1	B. 1110 1471	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	4			BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., (A) IMMEDIATE CAU	SE aut cons	ny oculus	in muta
	injury or complication which caused death.)	-	1		
	ANTECEDENT CAUSES	(B) Fess	sextense CV	disene	Zun
	DISEASES OR CONDITIONS, if ony, givense la the abave cause (A) stoting		A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(c) W	terrorles	ger	Kun
			raletto re	elites	years
4	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				**********
RTIFIC	9A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	10 CERTIFYING CAU	INDINGS CONSIDERED
0	21A. ACCIDENT WAS UNDERLYING DECEMBED TO CONTRIBUTING CAUSE OF DEATH Inotify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID	(If In Boltimore	City, give exect location)
	21D.TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
5 1	OF INJURY (APPROX.)	While At Not While	· n		
		Work L At Work		19	11. 23
12	22. I certify that (I) (this hospital) attended	ed the deceased from	7/22	9 0	7/12 1973
1	that (I) (we) lost saw the deceased alive	on 7//7	19 73 ond tha	t In (my) (our) opin	ion deoth occurred on the do
	and hour and from the causes stated above	e. (1) (We) (dld) (did not) v	iew the body ofter deoth.		
2	3A. SIGNATURE	1 10			23B. DATE SIGNED
	almi	DEGREE Phys		Shaff Phys.	4/1/1/20
2	RAME (Type) ALLAN H. MI		23D. ADDRESS	IST B	of MI rizer
24A.	BURIAL CREMATION, 24B, DATE / 240	C. NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (Cit	y, town, or county) (Stole)
E	PUNIAL (Specily) 4/14/705	T.Michaelshu	Th. Cem C	oun TV	- Balto. Mo
AP	R 14 1970 Page & Jabe	ME OF REGISTRAR	ACOMORAL DIRECTOR	ick inc b	305 Harlord R
4.8	50-REV. 1/1/68		11011-10 0 114	-11/11/	1 1 1 1 1 1

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Mr. Russel W. Gettier, 5106 Edgar Terrace #14 BETWEEN ONSET AND DEATH Subject's clothing caught on fire when ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Russell S. Fisher, M.D. NAME (Type) 4-13-70 24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial 4/15/70. Oaklawn Cemetery Baltimore. Md. 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS** Leonard J. Ruck, Inc. Balto. Md. 21214 VS 151-REV, 1/1/68

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70 392	BALTIMORE CITY	HEALTH DEPARTMENT	70 3927
BIRTH NO.	CERTIFICA	TE OF DEATH REG	S. NO
Type or Print)	, ADDIE X	With 2. DATE AND HOUR OF	1970, 9, NA
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUNTY	lived. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II	ISTITUTION, GIVE STREET	1761. 20000	bopoodooppoor/20:
INSTITUTION ON MEM	ORIAC	ENLY/MORE	D. INSIDE CITY LIMITS? YES NO NO
44 400 PM	AL	3/6 E. CORR	AINE AVENUE
FEMALE WITTE WIDO		8. DATE OF BIRTH33 9. AGE (in lost birthday)	Manths Days Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even it relied) (NOT		TENNESSEE	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Worley Durham	14 MOTHER'S MAIDEN NAME	topeoptoporPearl Riley
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (II) yes, give war ar dales of serv	16. SOCIAL	17. INFORMANT	ADDRESS Me
10	219-32-0528	NAN 4 DURHA	LANSDOUNE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 1This does not mean the mode of dying, heart foilure, asthenia, etc. If means the dise injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) stating UNDERLYING CONDITION last.	ving (8)	West: Seilure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION F WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING	NG NAL		
19A-DATE OF OPERATION 19B CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A AUTOPSY? (Yes or No.) 20B, IF YE	S. WERE FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH Inoffy medical examines	21B PLACE OF INJURY (e.g., inome, larm, factory, street, of	n or about 21C, WHERE DID (II) fice bldg., INJURY OCCUR?	n Baltimare City, give exact location)
21D.TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21 & INJURY OCCURRED While At Not While Work Not Work		2
22. I certify that (1) (this hospital) attend	ed the deceased fram	C4 -01 19 70 to	04-13 1970
that (1) (we) last saw the deceased alive			our) apinian death accurred on the date
and hour and from the causes stated abov	e. (1) (We) (did) (did not) v	lew the body after death.	
1 Prese	21 Ohm	nding Med. Staff Director Phys.	23R DATE SIGNED 4/13/70.
23C. PHYSICIAN'S NAME (Type) 2 MIII	O LOKEL)	Wind Mem	aria 1 Klaspital
REMOVAL (Specify)	C. NAME of CEMETERY OF CRE		(City, tawn, or caunty) (State)
Burial 4/16/70.	Oaklawn Cemeter		more, Md.
APR 14 1970 Parent Company	Ser M.D.	Leonard J. Ruck, Inc	alto. Md. 21214

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1 225 1	70 000	BALTIMORE CITY	HEALTH DEFARTMENT		
T SAU	70 392	CERTIFICA	TE OF DEATH	REG. NO	10 3928
NAME OF DECEASED			2. DATE A	ND HOUR OF DEATH	2
Marie G. Hudg	rins		April	12, 1970	12:30 %
PLACE IN BALTIMORE, MAR		NOUNCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived, If	institution: residence before admission
LL NAME OF (IF NOT I	IN HOSPITAL OR IN	STITUTION, GIVE STREET	Maryland		2.735
STITUTION ADDRESS	OR LOCATION		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
			Baltimore		YES 🗶 NO 🗌
0			E. STREET AND NUMBER		
6601 Glen Os			6601 Glen Oak	9. AGE (In years	Tit Haday 1 Va 16 Haday 24 Ha
emale White	WIDOV		B. DATE OF BIRTH 22, 1920. Dec . 200, 1921x	10st birthdoyl	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
. USUAL OCCUPATION (Give educing most of working life, ever Housevile		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for Maryland	eign country)	12. CITIZEN OF WHAT COUNTR
FATHER'S NAME			14. MOTHER'S MAIDEN NA	AMF.	0,00,00
John A Reed Was Deceased Ever in U. S.	Armed Forces?	1 6. SOCIAL	Sophia Trage	Ser	ADDRESS
,no or unknown) (If yes, give	wor or dotes of servi	SECURITY NO. 213-16-9820			ADDRESS
No			Mr James L Hu	dgins	Same
18. 4/9:01		CAUSE OF DEATI	1		APPROXIMATE INTERVAL SETWEEN ONSET AND DEAT
DISEASE OR COND			language than	utores	30 menutes
		(ANIMMEDIATE CAU	ICE OF MANAGEMENT INVESTIGATION		
(This daes not meon the		e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
(This daes not meon the heart failure, asthenia, etc. injury or complication whice	I meons the dise		ISE CONSEQUENCE OF:		
heort failure, asthenio, etc.	It means the dise ch coused death.)				NT.
heort failure, asthenio, etc. injury or complication which	II meons the disect coused deoth.)	(8)	inclination Heart		
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O to			19	-
(my) (our) apini	lan death			
(my) (our) apini	un acarn (CCUTT	ed an the d	d10
1.	22 DATE 6	CNEC		
	23B. DATE S	ONED		
Ď	4/	13/	50	
1	7	7		
ON (City,	, town, or co	ountyl	(Stote	
timore, M				
		ADDR	ESS	
Inc. Balt	o. Md.			

VS 151-REV. 1/1/68

IMPORTANT

DIRECTOR:

FUNERAL

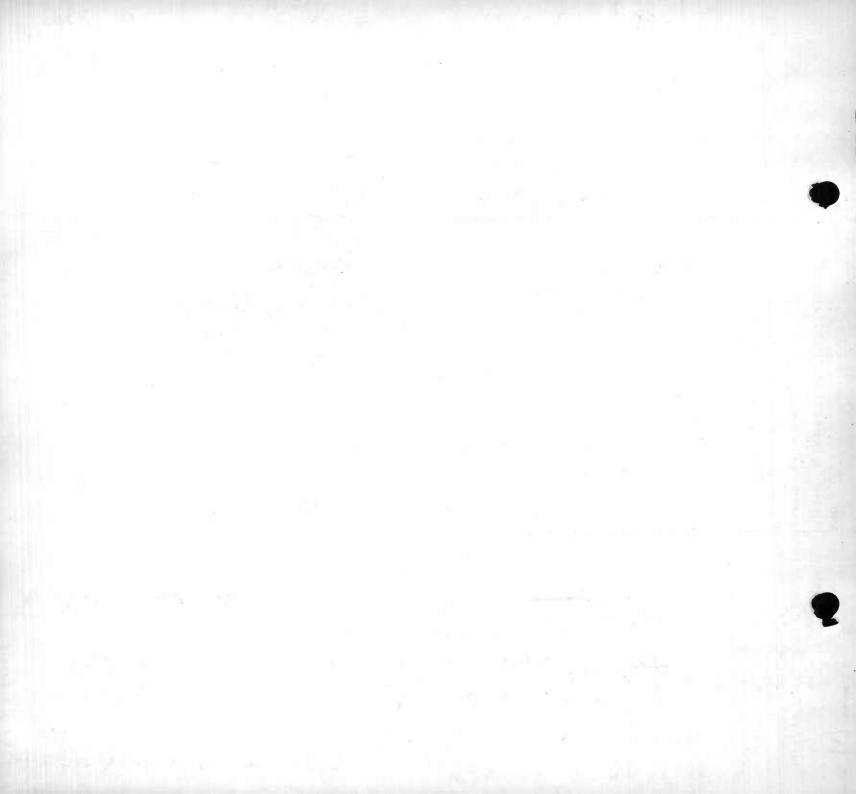
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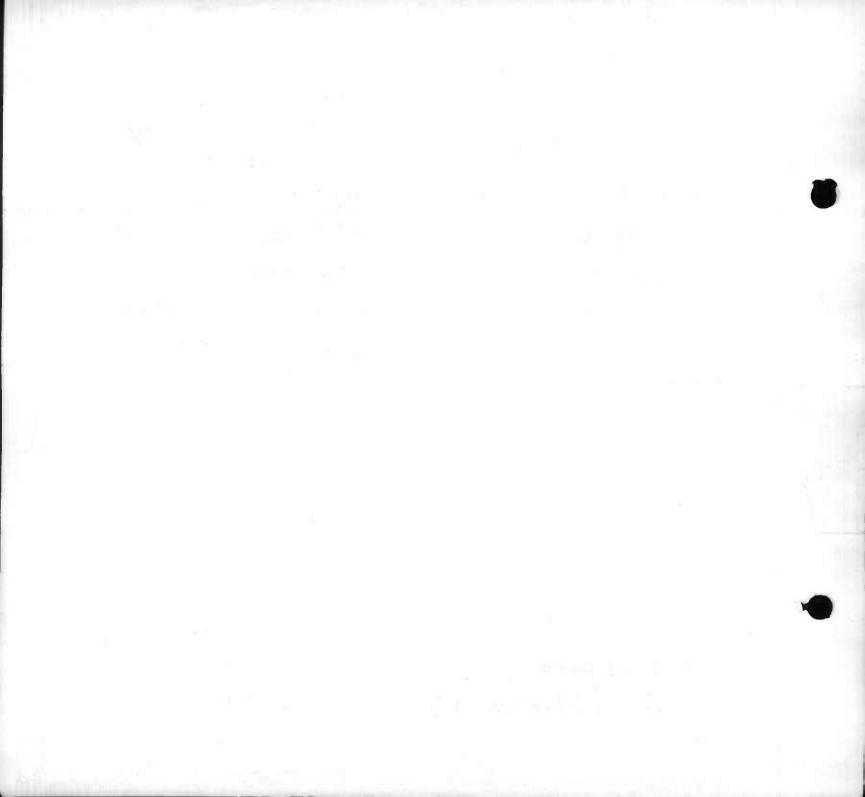
BII	K-320 70 390):)	HEALTH DEPARTMENT	REG. NO.	70 3932
1.1	NAME OF DECEASED A LICE	KATZ	2. DATE AND	HOUR OF DEATH	1045
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUN CED DEAD	4. USUAL RESIDENCE (Where	deceased lived. It institut	lian: residence befare admission)
FL	OLL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE C	2719
9	House in the Pine	is, Belve.	Balta E. STREET AND NUMBER		ио 🗆
6	SEX 6. RACE 7. MAD		5 40	7 Just	ane
	F W WIDO		may 4. 1914 los	E E	Under 1 Yr. II Under 24 His.
dar	USUAL OCCUPATION (Give kind of work 108, KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lareign	country) 12	CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	s, mo	USA
	adolph				
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no of unknown) (II yes, give wor or doles of serv	16. SOCIAL	17. INFORMANT		ADDRESS
	N S Jes, Sive wor or cores or serv	593-14-877)	max K		- 50
1	18.	CAUSE OF DEATH	11107 110	9	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	Carcino	man areas	<i>T</i>	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying,	(A) IMMEDIATE CAU	E pretasta	tie	3 years
	heori failure, asthenia, etc. It means the disc injury or complication which caused death.)	dese,	CONSEQUENCE OF:		
	ANTECEDENT CAUSES		Lore		
	DISEASES OR CONDITIONS, if any, gi	ving (B)	A CONSEQUENCE OF:		
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the	non		
	1	(C)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL	Tre		
RTI	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	OB, IF YES, WERE FINDS	NGS CONSIDERED OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, lorm, foctory, street, off etc.)	or about 21C, WHERE DID ce bidg, INJURY OCCUR?	(If in Ballimore City	give exact location)
	21 Do TIME (Month) (Day) (Yearl (Houd	21 E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
2	(APPROX)	While At Not While At Work			
	22. I certify that (1) (this hespital) attende		mag 30 196	8 10 apri	1 // 1970
	that (1) (we) last saw the deceased alive				death accurred on the date
	and havr and from the causes stated above	e. (1) (We) (did) (did not) vi			and the sale
	23A. SIGNATURE			23 B.	DATE SIGNED
	In areul f	ech: DEGREE Phys.	ding Med. Sta	#. D	4/11/10
	PHYSICIAN'S MANUEL LEU	IN	6101 PARK HOT.	S AUE 13	BALTO MO21215
24A	BURIAL CREMATION, 248. DATE 240.	C. NAME OF CEMETERY OF CREA	THE RESERVE OF THE PARTY OF THE		vn, or county) (State)
1	Burnel 1/1/3/70 0	Levra Chaus	Classed Ro	indallatein	lyn ,
25A		AE OF REGISTRAR	25C. FUNERAL DIRECTOR		D ADDRESS DA
11 7	1PR 14 1970 Valley & Jack		Sylvan Len	Myser IAIG	Restautour Rd



S 44 WO 0		HEALTH DEPARTMENT		70 2022
O-200 70 39	33 CERTIFICA	TE OF DEATH	REG. NO	70 3953
BIRTH NO.		2. DATE AN	D HOUR OF CEATH	
Type or Print)	SACHS	47.	1/20	1115
1/ACHAE C	-1113	The institute pesidence (Whee	7 / / Q	estitution: residence before admission
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUN	TY	ismonion: residence bolore damission.
FULL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	md		2.755
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
2310 SULGRAVE A	UE	Balt		YES NO
2310 JULGKAVE 11		E. STREET AND NUMBER		100
00		2310 5.	0	C .
SEX 6. RACE 7. MAAR		B. DATE OF BIRTH	PAGE (In years	If Under 1 Yr. , If Under 24 Hrs
MAN	RIED NEVER MARRIED	C ~ 16.6.1	birthdoy	Months Ooys Hours Min.
	WED DIVORCED	Dept 1886	83	
OA. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even il retired)	D OF BUSINESS OR INDUSTRY	11. BITTHPLACE (Stote or forei	gn Country)	12. CITIZEN OF WHAT COUNTRY
one downing most working me, even in remote		Leth		1150
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	93-0
11		D 0		
Milman		Dayle		
5. Was Decessed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	•	ADDRESS
Yes, no or wakdown) (If yes, give war or dates of sen	vice) SECURITY NO.	9. 2	MA	50
		mo mary	destren	Samo
1B. / 9 5, 01	CAUSE OF DEAT	н , О,	0	APPROXIMATE INTERVAL
OISEASE OR CONDITION OIRECTLY		1 NTra -ab	domina	Serlies
LEADING TO DEATH	(A) IMMEDIATE CAL	USE malin	-am-	day
(This daes not mean the mode of dying, heart foilure, osthenia, etc. It means the dis	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	7	
injury ar camplication which caused death.)	ease,		/	
ANTECEDENT CAUSES				
	(B)			
DISEASES OR CONDITIONS, if any, g	i i i i i i i i i i i i i i i i i i i	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(c)			
- 11	(0)			
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUT	CINIC			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI				
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).		120 A	200	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
		No		
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	fice bldg. INJURY OCCUR?	(If In Boltimor	re City, give exoct location)
▼ DEATH (notify medical examiner)	etc.)			
O 21D-TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	IDV OCCIUP?	
OF INJURY			DRI OCCOR:	
(APPROX.)	While At Not While At Work			
22. I certify that (1) (this hospital) attend	ded the deserred from	1	9/9/9 to 18	2000 12 19 20
	(don'!	/	12/	//
that (I) (we) tast saw the deceased alive	an O J	19 and the	ot in (my) (out) opi	Kian death accurred an the da
and haur and from the causes stated abo	ve. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE				23B, DATE SIGNEO
1. 126.	1 AHY	ending Med.	Staff	11/12/2
Dunner (1)	www DEGREE Phy	s. Director	Phys.	19/15/70
23C. PHYSICIAN'S NAME (Type)	2110	23D. ADDRESS	11 11-	1 3
Jenna 17 0	Cy Din, My	J 4/5 01-	m. Ite	1 Sh.T. (MT
24A. BURIAL CREMATION, 24B. DATE , 2	4C. NAME of CEMETERY OF CR	EMATORY 24D 14	CATION (C	ity, town, or county) (State)
REMOVAL (Specify)	O O O	240. 2	7 77	13 lowing of coolings
Brenod 4/13/70	Ohel Tack	200	Sallo	mel
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAN	25C. FUNERAL DIRECTOR	11 1	O . O ADDRESS D
ADD 1 4 1070 21 40 7	2. 20	Bulloan L	Leurs 25 on	9610 Reisterstur
HAKTA DIN TOSEN CHANT	100 LEGA .		Α,	



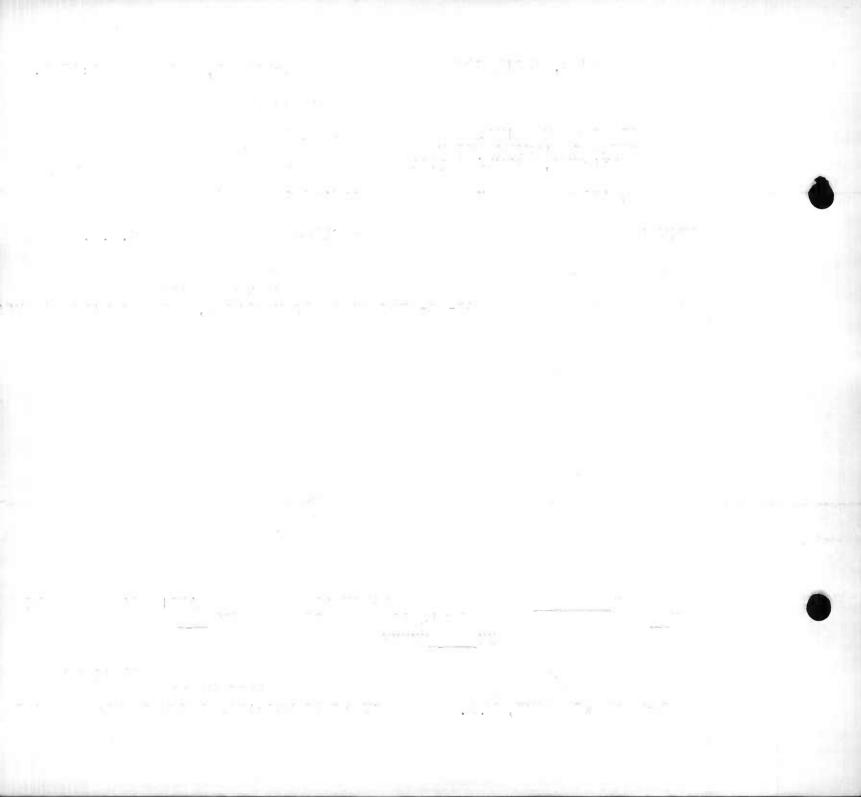
N-560 70 3	BALTIMORE CITY	HEALTH DEPARTMENT	PEG NO 70	0024
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	3334.
(Type or Print)		2. DATE AND HO	UR OF DEATH	
hobert Win	er	4/13	170	1 12:10 A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE	RONOUNCED DEAD	4. USUAL RESIDENCE (Where dece	ased lived. If institution:	residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	1 1	Imore	17/0
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D. INSIDE CITY	LIMITS?
5		Baltimore	YES	Nol
421NQ1 HOS	7	E. STREET AND NUMBER		
700		5717 RubIN	Aue	
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE	(In years If Und	er I Yi. , If Under 24 His.
	OWED DIVORCED	10/15/93 lost bir	71	Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KI done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	If. BIRTHPLACE (State or foreign cou		IZEN OF WHAT COUNTRY
Shore Repair		P		1
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		450
		MAIDEN NAME		
neger		Huma		
15. Was Deceased Ever in U. S. Armed Forces? If es, no or unknown (If yes, give wor or dates of se	Vice) 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Tes WWIT	219-30-9838	5000 0 112	16927	P 0 0
18.410.9	CAUSE OF DEAT	James Wine	~ 0 0	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE Acute Myocardia	Tatantin	
(This does not meon the mode of dying, heart failure, asthenia, etc. If means the dis	D 0	CONSEQUENCE OF:	TRIGATION	***************************************
injury or camplication which caused death.				
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, II ony,	iving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obove couse (A) stolling UNDERLYING CONDITION lost.	III			
CHEEKING CONDITION last.	(C)		************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	71.10			
TO THE DEATH BUT NOT RELATED TO THE TERM	NAL			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART ((A), 1974. DATE OF OPERATION 1978. CONDITION WAS PERFORMED 12 (A, A, CCIDENT, WAS LINDERLYING)	FOR WHICH OPERATION	20A. AUTOPSY? (Yos or No) 20B.	C wee lived surplice	
WAS PERFORMED	TON WITHOUT OF EACHOR	IN C	F YES, WERE FINDINGS	CONSIDERED DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in	er obout 2f C. WHERE DID	Mile Believes Charles	
S IDEALD (notify medical examined)	homo, form, foctory, street, off	ce bldg. INJURY OCCUR?	(If In Boltimore City, glv	e exocl location)
0				
S OF INJURY	21 E INJURY OCCURRED	21 F. HOW DID INJURY OC	CUR?	
[APPROXI	While At Nol While			
22. I certify that (I) (this hospital) attended	ded the deceased from	19	to	19
that (1) (we) lost sow the deceased olive			(aus) calalan dass	h accurred an the date
and have ond from the couses stated abo			y (our opinion dear	accurred on the dote
23A. SIGNATURE	vos (i) (iie) (did) (did Rat) Vi	ew the body offer death. +8/10/		allins
Water (Chaude	Atten	ding Med. Stoff N		E SIGNED
23C. PHYSICIAN'S	DEGREE Phys.	Director L. Phys. L	4	
NAME (Type)	2	BD. ADDRESS		
VICTOR J. Johneid	PR N.D DEGREE	Singi Hospital		
24A. BURIAL CREMATION, 24B. DATE 2.	C. NAME of CEMETERY or CREA	MATORY 24D. LOCATION	N (City, town, o	county) (Stote)
Burial 4/14/70	Wockmen	ande B.C	to	md
	THE OF REGISTRAR	25C FUNERAL DIRECTOR	~~-	ADDRESS
APR 14 1970	364 M. C.	Selvan Tour	s 25m 961	
/S [50-REV. [/1/68				Pel



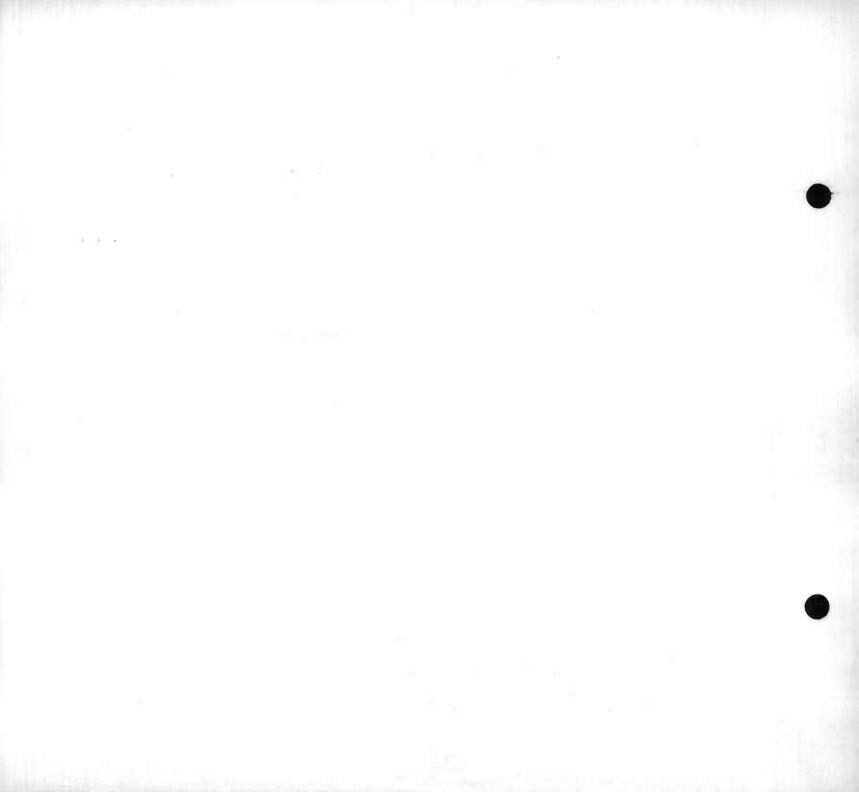
B-420	70 -200		Y HEALTH DEPARTMENT	REG. NO.	70 3935
BIRTH NO.	_70_393	5 CLRITTE		ID HOME OF DEATH	
(Type or This) noda	Mary	Bulloch	9 An	m 1970	18:16 P M.
3. PLACE IN BALTIMORE	MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. Il in	stitution: residence before admission)
FULL NAME OF OF HOSPITAL OR	NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	Md		1305
INSTITUTION		, ,	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
Union	lemorial	Hospital	E. STREET AND NUMBER		YES NO
•			729 Bay	ST.	
5. SEX 6. RACE) MAK	RIED NEVER MARRIED	0000	9. AGE (In years lost birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION	(Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	an country	12. CITIZEN OF WHAT COUNTRY?
done during most of working lit 13. FATHER'S NAME COAFTER 15. WAS DEFENDED.	10	mestic	md		USA
13. FATHER'S NAME	0 . 1		14. MOTHER'S MAIDEN NAM	AE,	COM
Chatter 1	Kidgely		Sadie G	1hite	
15. Was Deceosed Ever in (Yes, no or unknown) (If yes,	J. S. Armed Forces give wor or doles of Serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	01	ADDRESS
(Yes, no or unknown) (If yes,		215- 32-1560	Hospital (hart	
DISEASE ORC	ONDITION DIRECTLY	CAUSE OF DEATI	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADIN	G TO DEATH	(A)IMMEDIATE CAU	Intra-cenel	val hemory	lace
heart loilure, astheria	the made of dying, etc. It means the disc	P.C.	A CONSEQUENCE OF:		7
E mony or comprisoner	Which caused death.) DENT CAUSES				
DISEASES OR CON	DITIONS, if any, a	ving (B)	A CONSEQUENCE OF:	****************	
rise to the above	cause (A) sloting	(c)			
	11				
II = ITO THE DEATH RUT NO	NDITIONS CONTRIBUTI	NG NAL			
DISEASE OR CONDITION	ON 198 CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE F	INDINGS CONSIDERED
	WAS PERFORMED			IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
00 000000000000000000000000000000000000	AUSE OF	21 B. PLACE OF INJURY (e.g., in home, farm, factory, street, aff	or obout 21 C. WHERE DID	(II In Boltimore	City, give exoct location)
O 21D. TIME (Month)	(Day) (Year) (Hour)	21E INJURY OCCURRED	215 9011 212 1111		
S OF INJURY		While At Not While	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (1)	this hospital) attend	Work At Work ed the deceased from	4-08 1	70.	(/ 20 1.7.2
that (1) (we) last say	the deceased alive		29 19 70 and the	t intmy (our) apin	an death accurred on the date
and have and from th	causes stated abov	e. (1) (We) (did) (did not) vi	ew the bady after death.		and the date
23A. SIGNATURE	1 00		4: - 4: 1		23B. DATE SIGNED
25C. PHYSICIANS	eda Mil	DEGREE Phys.	Director L P	hys.	9 April 1970
25C. PHYSICIAN'S NAME (Type)			3D. ADDRESS	. / 4	1
24A. BURIAL CREMATION, REMOVAL (Specify)	248. DATE 240	DEGREE C. NAME of CEMETERY OF CREA	MATORY 24D. LO	CATION CON	, lown, or county) (Stote)
Bural	4-13-70	Balto nation		tony	, (Store)
ADD 1 4 1911	MPRIE E PERE		2SC FUNERAL DIRECTOR	0	ADDRESS
APK TA 1910		4000	Soul 6 Chin	and the 300	i Chestul Ave

In a Memor al Hope ! 27.4 With Rights Sadie 2, 16 -1 thought Ch. s 14441





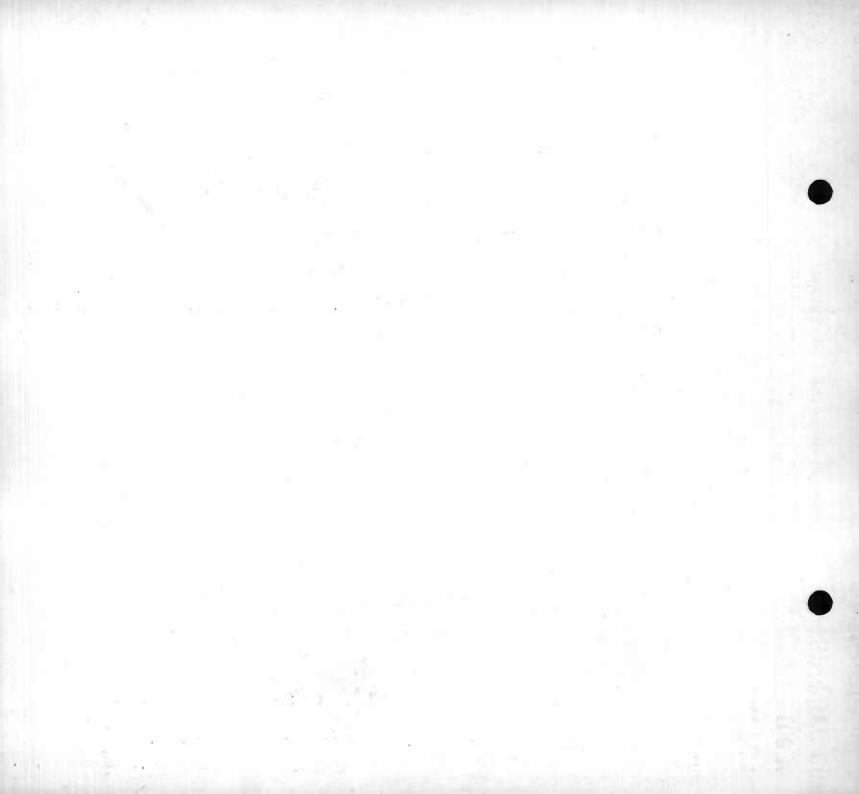
- 11	70 3938 BALTIMORE CITY	HEALTH DEPARTMENT
В	CERTIFICA	TE OF DEATH REG. NO. 70 3938
	NAME OF DECEASED H.	2. DATE AND HOUR OF DEATH
L	EDWARD KRAHL	3-28-70 9:15 P. M. 4. USUAL RESIDENCE (Where deceased lived, ff institution; residence before admission) A STATE R COUNTY
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where daceased lived, if institution; residence before admission! A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 277%
1	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS?
-		E. STREET AND NUMBER
1	90 EDGEWOOD NURSING HOME	
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours II Under 1 Yr. If Under 24 His. Months Doys Hours Min.
	MALE WHITE WIDOWED X DIVORCED	
d	OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if refired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Mail CARPER US. Post office	Fith burg Pa USA
1;		14. MOTHER'S MAIDEN NAME
	Henry J. KRahl.	Unknown.
1 5 (Y		17. INFORMANT ADDRESS
	10 198-3611941	MRS GRACE TRALL & LECTURE ALL
	18. 4 CAUSE OF DEATH	APTROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH This does not mean the mode of dying, e.g., (A) MMEDIATE CAUS	CONSEQUENCE OF:
	heart failure, astheria, etc. It means the disease, injury or camplicolian which coused deeth.)	CONSEQUENCE OF:
	44199	and Assessment and
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A	CONSEQUENCE OF:
	rise to the above couse (A) stoting the	
	ONDERLING CONDITION last. (C)	
20	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	IOMA OF PROSTATE 324.
CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL CHRCIN	***************************************
TIEIL	194-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yos of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CFP		at obout 21 C. WHERE DID (If in Boltimore City, give exect location)
CAL	OR CONTRIBUTING CAUSE OF homo, form, foctory, street, office DEATH (notify medical examines)	ce bidg. INJURY OCCUR?
MEDIC	21D.TIME (Month! (Doy) (Yeoil (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
ž		
	22. 1 certify that (1) (this hospital) attended the deceased from	
	that (1) (we) lost saw the deceased alive on	
	and hour and from the couses stated above. (1) (We) (did) (did not) vie	19.70 and that in(my) (our) opinion death accurred on the date
	23A. SIGNATURE	238. DATE SIGNED
	Frederick Wolly of M. Attend	diagram Mad — St. W —
	The state of the s	D. ADDRESS
	FREDERICK T VOLIMED MD.	6100 YORK RD, BALTIMORE, MD
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREM	
	Bulial 4/3/70 St Pauls	Pilts hung Pa.
25	APR 15 1970 Public & Jaben M.D.	25C. FUNERAL DIRECTOR
_		Vm + licener + sons.
į	150-REV. 1/1/68	



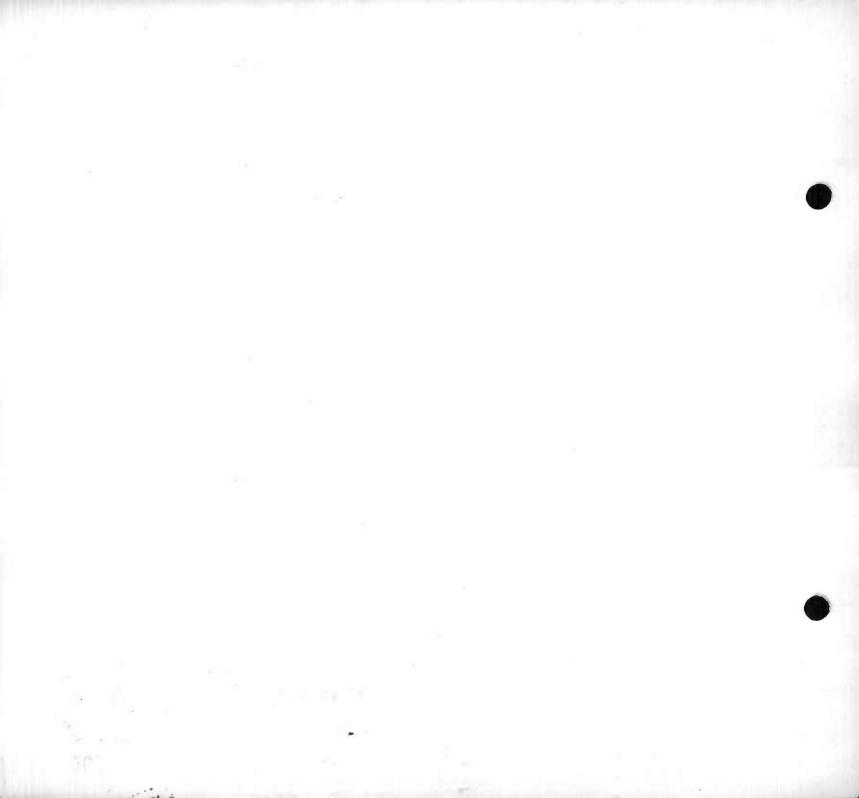
70 3939 BALTIMORE CITY HE	ALTH DEPARTMENT
MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH 70 3939
BIRTH NC.	LEKTIFICATE OF DEATH REG. NO. 70 3939
1. NAME OF DECEASED	2. DATE Known Manth Doy Year Hour
(Type or Print) CLARA SPURRIER	OF Estimated \(\begin{align*}
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
	PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4- 12 1970 '6:15 P. _{M.}
OK INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE B. COUNTY
4/0 St. Agnes Hospital	Mal
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN Baltimore
	Balto. YES K NO
9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr, Il Under 24 Hrs, Months; Days; Haurs; Min.	E. STREET AND NUMBER
12/28/1891 778	5552 Ashbourne Rd.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Mt Airor Many WHAT COUNTRY?	
UADADA	Alfred W. Watkins
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if refired)	15. MOTHER'S MAIDEN NAME
Housewife	Addie G. Becraft
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
	- (/
no 219-22-9090	Mrs. J. rem Cook, 5552 Ashbourne Road
19. CAUSE OF DEAT	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Septic sho	ock complicating multiple traumatic injuries
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., (A) IMMEDIATE C.	S A CONSEQUENCE OF:
heart loilure, asthento, etc. It means the disease, Injury or complication which coused death.)	a v court de luis
	No. of the Control of
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
LINDERLYING CONDITION LAST	
Z CONDENENTS CONDITION EAST. (C)	
C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No.)
0 1	
	yes
22A. EXTERNAL CAUSE WAS UNDERLYING NOR CONTRIB. 22B. PLACE OF INJURY (e.g., i hame, farm, lactory, street, affice	in ar about 22C. WHERE DID (I in Baltimare City, give exact location)
UTING CAUSE OF DEATH. Street	Inter. of S.W. Bltd. and Old Suphur Spri
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INITIRY	Const 9
HIL WORK LI AI WO	
23.	
I cortify that I held on Inquiry Inspection Aut	opsy ond that on this basis, death in my opinion
resulted from: Notural couses Accident xx Suicide	e Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER
ACTUAL () AK-	DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Russell S. Fisher, M.D.	4-14-70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY C	or CREMATORY 24D. LOCATION (City, tawn, or county) (State)
REMOVAL (Specify)	
Burial 4/16/70 Loudon Park	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
APR 15 1970 Valley & S. Jackey & B.	Witzke, 4101 Edmondson Ave., 21229
VS 151-REV. 1/1/68	
*3 1JI*RET. 7/1/00	

7 The latest agents of and the transport of the second ENTRY . . . CONTROL CONTROL OF THE PROPERTY OF





Q -	01/ 50	3942	BALTIMORE CITY	HEALTH DEPARTMENT		'70	394	
BIRTH NO.		3340	CERTIFICA	TE OF DEATH	REG. NO	,7.0	204	
1. NAME OF DI (Type or Print)	Arthur Be	engal.			AND HOUR OF DEATH	1	4:50	O A
3. PLACE IN B. FULL NAME O HOSPITAL OR INSTITUTION	ALTIMORE MARYLAND	WHERE PRONOUN		4. USUAL RESIDENCE (WA. STATE B. CO	UNIT		11-00	admission
INSTITUTION				Baltimore	D. IN	SIDE CITY L	IMITS?	1
	T HOSPITAL			E. STREET AND NUMBER 506 Cathed				
5. SEX	6. RACE	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9-15-10	9. AGE (In years lost birthday)	II Unde Months	Doys Hours	der 24 His.
done during most	CUPATION (Give kind of of working life, even if retire	work 10B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or 1	oreign country)	12. CITI	ZEN OF WHAT	COUNTRY
13. FATHER'S N.	AME			14. MOTHER'S MAIDEN N	IAME	_1		
15. Wes Decease (Yes, no or unknow	d Ever in U. S. Armed	forces? dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
18. // / /	9		CAUSE OF DEAT	H			APPROXIMATE	
DISE	ASE OR CONDITION					(BETWEEN ONSET	AND DEATH
(This days	LEADING TO DEA	• • •	(A) IMMEDIATE CAL	ISE ASCH DE ac	utem I /Suga	ful)	pro.	
heart failure	not meen the mode , asthenio, etc. It me	ans the diseose,	DUE TO, OR AS	A CONSEQUENCE OF:	7			
injury or co	implication which cou	sed deoth.)	0 /	60.			,	
	ANTECEDENT CAU		(B) Congly	sino, dinece			YEARS	5
DISEASES	OR CONDITIONS,	il ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************			F
UNDERLYIN	he obove couse (. IG CONDITION last.	A) Sloling ine	(c)			1		
	- 11		(0)					
OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING	Cust		to Steveral R		11500	
TO THE DEA	ATH BUT NOT RELATED TO CONDITION GIVEN IN I	O THE TERMINAL	Cacan	ing sua 200	as Theresel In		YEAR	3
19A. DATE C	F OPERATION 198 C	ONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS AUSES OF	CONSIDERED DEATH?	
OR CONTRI	ENT WAS UNDERLTING UTING CAUSE OF y medicol exominer	218, PL home, etc.)	ACE OF INJURT (e.g., in form, loctory, street, of	or obout 21 C. WHERE DID ince bidg., INJURY OCCUR?	(II In Boltime	ore City, give	e exoct locotion	
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Ye	or) (Hour) 21E IN While Work	AI Not While	21F. HOW DID I	NJURT OCCUR?			
22. I certif	y that (1) (this hospi	tal) attended the		7/67	_19 to =	1/70	1	19
1) lost saw the dece		3-18	19	that in (my) (our) op	nlan deas	h occurred a	n the date
				lew the bady after deat				
23A. SIGNAT		10	To the light	les the body offer death	10	23B. DAT	E, SIGNED	
X	helip 21.	Mari	Atter Phys	Med. Director	Staff Phys.	4/	11/10.	3)
23C. PHYSICI NAME	AN'S Type)			ANATOMY		MARY	TLAND	
24A. BURIAL CR REMOVAL	EMATION. 24B. DATE (Specily)	1-70 24C. NAM	E of CEMETERY OF CRE	MAGINS HOP	KHYS" MED	CAL	SCHOO	(Stote)
ADD 1	5 870 C	258- NAME OF	REGISTRAX ACD	25G, FUNERAL DIRECTO	RY SERVI	CE -	BCID	
/S 150-REV. 1/1	/68							



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO BIRTH NO 1. NAME OF DECEASED 2. DATE Known | Manth Hour Year (Type or Print) OF Estimoted JUAN MENDEZ DEATH 70 10:00 8. 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Day Month PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 28, 1970 February 10:00 a. HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY Maryland 32 S. Broadway APt. 5 C. CITY OR TOWN D. INSIDE CITY LIMITS? 7. RACE B. MARRIED NEVER MARRIED WIDOWED Balto. DIVORCED NO Male White YES If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (In years lost birthdov) Months , Days , Haurs , Min. 40? 32 S. Broadway Apt. 5 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 14A. USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of warking life, even if retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL 18. INFORMANT ADDRESS SECURITY NO. (Yes, no or unknown) (If yes, give wor ar dotes of service) APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Drug overdose (several) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)_ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTII 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 228. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) hame, farm, factory, street, affice bldg., etc.) INJURY OCCUR? 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22F. HOW DID INJURY OCCUR? 22D. TIME (Manth) (Day) (Haur) 22E.INJURY OCCURRED (Year) OF INJURY WHILE AT NOT WHILE (APPROX.) m. WORK AT WORK Autopsy XX I certify that I held on Inquiry Inspection and that on this basis, death in my opinion resulted from: Natural dauses | Accident Suicide Homicide ___ Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER XX SIGNATURE. ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Isidore Mihalakis, M.D. 24A. BURIAL CREMATION. 24C. NAME of CEMETERY or REMOVAL (Specify) 258 NAME OF REGISTRAR

11/5/70 - Letter from M.E.O.

4	3-53	30	90			BALTIMORE CITY			-					
1			MED	ICA	L EX	AMINER'S	s c	ERTIFI	CATE	OF	DEA	TH REG. NO.	70	3944
	NAME OF DE	CEASED												
	pe or Print)		Snee					2. DATE OF	Known		Month	Day	Year	Hour
l-	DI ACE INI DA	John			000101	101050 0010		DEATH	Estimo	ted 📙				M.
FU	L NAME OF SPITAL INSTITUTION	(IF NO		LORINS		N, GIVE STREET			UNCED DI		Month 3	19	70	5:30 р. м.
	25	Provide	nt Hos	pita:	1			A. STATE		: (Where		B. COUNTY	n: residence	before admission)
6.	SEX	7. RACE				NEVER MARRIED		C. CITY OF		aryr	and	D. INSIDE C	ITY LIMITS?	7-0
	male	colore	d		WED ['吕			timo	re		res 🔲	No 🗆
9.	DATE OF BIR	TH	10. AGE (In	yeors	If Und Month	ler 1 Yr. II Under 24	Hrs. Min.	E. STREET				/		
11.	BIRTHPLACE	(State or lareig	n country)	•		TIZEN OF		13. FATHER		Laur	ence :	St. 1 2716	-REN	5 21
144	USUAL OCCI	UPATION (GIV	e kind al warki	48. KINI		JSINESS OR INDU	ISTRV	15. MOTHE	R'S MAIDI	FN NAA	AF			
dan	during most of	working life, ev	en Ifretired)		, 5			MOTHE	J MAIDI	-14 14%				
16. (Ye	WAS DECEAS	SED EVER IN	U.S. ARMED	FORCE of service	S?	7. SOCIAL SECURITY NO.		18. INFOR	THAN			A	DDRESS	
	19. //3	11 000	A 2 19	0 0	D)	CAUSE OF	DEATI	4						PPROXIMATE INTERVAL
	DICEA	SE OR COND	ITION DIREC	TIV	9									WEEN ONSET AND DEATH
	DISEA	LEADING TO		ILI		Arte	rio	sclero	tic c	ardio	vascu	lar dis	ease	
	(This does	nal mean the	made of dyl	ng, e.g.,		(A) IMMEDIA DUE TO.		A CONSEC	UENCE OF	1				~~~~~~~~~~~~~~~~~~
	jujury ar ca	e, asthenio, étc mplication whic	th caused dea	th.)										
	A	NTECEDENT	CAUSES			/a\								
	DISEASES RISE TO TH	OR CONDITION	ONS, IF ANY	GIVING		DUE TO,	OR A	S A CONSE	QUENCE O	F:				
z	UNDERLYI	NG CONDITI	ON LAST.	ino ini		(c)								
OIT)			11											
CERTIFICATION	TO THE DE	NIFICANT CON ATH BUT NOT R CONDITION	RELATED TO	RT 1 (A)	INAL			's cir		S				
ERT	20A. DATE O	F OPERATION	1 208. CON	DITION	FOR W	HICH OPERATION	V WAS	PERFORM	ED				21. AUTO	OPSY? (Yes or No)
	27												ye	
EDIC	UNDERLYING	RNAL CAUSE G OR CON AUSE OF DEA	TRIB-		home,	ACE OF INJURY (orm, lactory, street,	e.g., Ir office	or obaut 2 bldg., etc.)	2C. WHER	E DID (lf In Boltime	ore City, give ex	oct location)	
Σ	22D. TIME OF INJURY (APPROX.)	(Manth) (D	loy) (Yeor)	(Hou	1	LE AT COCUR	NOTW	HILE	2F. HOW	DID INJ	URY OCC	UR?		
	23.						AT WO		11.00					-
							Auto	psy X	and the	at on th	is basis,	, death in my	opinion	
	resul	ted from:	atural caus	es	Act	Itdent Su	ılcide		micide [Ined manner		
	ACTUAL		111.1	1,	71	1			CHIEF MED			H		DATE SIGNED
11	SIGNAT	URE.	MIN	11	X	5 /	M.D.		STANT MEI					
	NAME (ner U.	Spi	tz.	M.D.	1		Chi of			∐ Examiner		2/00/70
24. RF	A. BURIAL CRE	MATION, 2	4B. DATE		24C.	NAME of CEMET	ERY or	APPINATO	WIN	130	GEME		p. Pr Volnty	3/20/70 (State)
	, , , , , opec		4-13.	-70				T18114	CD CH					Separate Sep
25	. DATE REC'D	BY HEALTH				F REGISTRAR		till la	UNERAL	IRECTO	RILD	ICAL S	to HOC	
	APRI	णाय ह	No Bert	g. va	der	KO			OR	UA	RYS	ERVIC	FR	Chi
VC	151-PEV. 3/1/A	8		-								111		

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	T-455		740	BALTIMORE CITY HE			<i>}</i> =∉	0
PI		MEL	ICAL E	XAMINER'S	CERTIFICATE OF	DEATH	REG. NO.	0 3945
	NAME OF DECI							
(Ty	pe or Print)		TILLMAN		2. DATE Known X	April 1		ear Hour
1	PLACE IN BAIT	IMORE, MARYLAND, Y		Ollaicen Dean	DEATH Estimoted			B:30 P.
	LL NAME OF				3. DATE PRONOUNCED DEAD	Month		eor Hour
HC	SPITAL	(IF NOT IN HOSPITA	TION)	ION, GIVE STREET		April 1	•	8:30 P.
OR	INSTITUTION				5. USUAL RESIDENCE (Where	deceased lived.	If institution: resid	ence before odmission)
	42	Sinai Hopp	ital		A. STATE Maryland	В. (COUNTY	15-10
6.	SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR TOWN	ID.	INSIDE CITY LIN	NITS?
	Female	Negro	WIDOWED		Baltimore			
9.	DATE OF BIRTH			nder 1 Yr. II Under 24 Hrs.	E. STREET AND NUMBER		YES L	NO L
		lost birthdo	y) Mon	ths Days Hours Min.	E. SIREEI AIND INOMBER			
-	DIDTUDI ACE IS.	54			3907 Barr	ngton R	oad	
111.	BIKIHPLACE (SI	ate or loreign country)		CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME			
L								
14A	USUAL OCCUP	ATION (Give kind of work orking life, even if relired)	148. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAM	AE .		
-	o dorring most of wo	iking ine, even in emedy						
16.	WAS DECEASED	DEVER IN U.S. ARMED	FORCES?	17. SOCIAL	IB. INFORMANT		ADDRES	S
(Ye	s, no or unknown)	Il yes, give wor or dates	ol service)	SECURITY NO.				
-	19.	- 73		CAUSE OF DEA				I ABOUT ON THE TOTAL OF THE TOT
ы	345	171		CAUSE OF DEA	In the second			BETWEEN ONSET AND DEAT
П		OR CONDITION DIREC	CTLY					
н		EADING TO DEATH		(A)IMMEDIATE C	AUSE Death follow	ving sei	zure	
Н	heart loilure, o	meon the mode of dy asthenio, etc. It means the allcotton which coused dec	lng, e.g., diseose,	DUE TO, OR A	AS A CONSEQUENCE OF:			
	Injury or comp	olicotion which coused dec	ith.)					
	ANI	TECEDENT CAUSES						- 10 10 10 10 10 10
	DISEASES OF	R CONDITIONS, IF ANY	GIVING	DUE TO, OR	AS A CONSEQUENCE OF:	************		
	RISE TO THE	ABOVE CAUSE (A) STATE CONDITION LAST.	ING THE					
2	ONDERLING	CONDITION LAST.		(c)				***************************************
CERTIFICATION		11						
Ö	OTHER SIGNIF	FICANT CONDITIONS CO	NTRIBUTING					
E	DISEASE OR C	ONDITION GIVEN IN PA	RT 1 (A).	***************************************				
E.	20A. DATE OF	ODED ATION 1200 COA						***************************************
	1	OPERATION 208. CON	IDITION FOR	WHICH OPERATION WA	S PERFORMED		21. A	UTOPSY? (Yes or No)
0	2	OPERATION 2005. CON	IDITION FOR	WHICH OPERATION WA	S PERFORMED		21. A	
٦ ۲	22A. EXTERNA	AL CAUSE WAS	228.1	PLACE OF INJURY(e.g.,	in or about 22C. WHERE DID (I	f In Boltimore Ci		Yes
٦ ۲	UNDERLYING	AL CAUSE WAS	228.1	PLACE OF INJURY(e.g.,	in or about 22C. WHERE DID (I	f In Boltimore Ci		Yes
EDICAL	UNDERLYING UTING CAU	AL CAUSE WAS OR CONTRIB- SE OF DEATH.	228.1 home	PLACE OF INJURY (e.g., lorm, loclory, street, office	in or about 22C. WHERE DID (I bldg., etc.)			Yes
EDICAL	UNDERLYING UTING CAUSE	AL CAUSE WAS	228.1 home	PLACE OF INJURY(e.g., , , , lorm, loclory, street, office	in or about 22C. WHERE DID (I bldg., etc.) INJURY OCCUR?			Yes
MEDICAL	UNDERLYING UTING CAUSE 22D. TIME (MOF INJURY (APPROX.)	AL CAUSE WAS OR CONTRIB- SE OF DEATH.	228.1 home	PLACE OF INJURY(e.g., lorm, loclory, street, office	in or about 22C. WHERE DID (I bldg., etc.) INJURY OCCUR?			Yes
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MEDICAL	UNDERLYING UTING CAU: 22D. TIME (MOFINJURY (APPROX.) 23.	AL CAUSE WAS OR CONTRIB- SE OF DEATH. tonth) (Doy) (Yeor	228.1 home) (Hour) 2 m. Y	PLACE OF INJURY (e.g., lorm, loctory, street, office 2E.INJURY OCCURRED NOT AT WORK AT W	in or about 22C. WHERE DID (I bidg., etc.) INJURY OCCUR?	URY OCCUR?	ly, give exact local	Yes
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MEDICAL	UNDERITING UTING CAU 22D. TIME (M OF INJURY (APPROX.) 23. I certifies	AL CAUSE WAS OR CONTRIB- SE OF DEATH. tonth) (Doy) (Yeor	228.1 home) (Hour) 2 m. Y	PLACE OF INJURY (e.g., lorm, loctory, street, office 2E.INJURY OCCURRED NOT AT WORK AT W	in or about 22C. WHERE DID (I bidg., etc.) INJURY OCCUR? 22F. HOW DID INJ WHILE ORK ON that on th	URY OCCUR?	th in my opinic	Yes
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MEDICAL	UNDERITING UTING CAU: 22D. TIME (M OF INJURY (APPROX.) 23. I certifi resulte ACTUAL SIGNATUR EXAMINER NAME (Tyj)	AL CAUSE WAS OR CONTRIB- SE OF DEATH. Alonih) (Doy) (Yeor y that I held on Ir d from: Noturol cause I'S Charles pe) ATION, 248. DATE	228.1 home white home home white home home	PLACE OF INJURY (e.g., , , , lorm, loclory, street, office 2E. INJURY OCCURRED NOT AT WORK AT W. Localdent Sulcident Sulcident M.D.	opsy Ond that on the Homicide Other Medical Examples ASSISTANT MEDICAL EXAMPLES ASSOCIATE MEDICAL EXAM	URY OCCUR?	th in my opinio	Yes ion) DATE SIGNED
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WEDICAL MEDICAL	UNDERITING UTING CAU 22D. TIME (M OF INJURY (APPROX.) 23. I certifi resulte ACTUAL SIGNATUR EXAMINER NAME (Ty) BURIAL CREMA	AL CAUSE WAS OR CONTRIB- SE OF DEATH. Jonith (Doy) (Yeor y that I held on Ir d from: Noturol cause C'S Charles ATION, 248. DATE YMEAETH DEPT.	228.1 home	PLACE OF INJURY (e.g., com, locally, street, office of the control	opsy Ond that on the Homicide Other Medical Examples ASSISTANT MEDICAL EXAMPLES ASSOCIATE MEDICAL EXAM	Is basis, dea Indetermined (AMINER AMINER AMINER AMINER	th in my opinio	Yes ion DATE SIGNED 2 1970
WEDICAL MEDICAL	UNDERITING UTING CAU 22D. TIME (M OF INJURY (APPROX.) 23. I certify resulte ACTUAL SIGNATUR EXAMINER NAME (Ty) BURIAL CREMINOVAL (Specify)	AL CAUSE WAS OR CONTRIB- SE OF DEATH. Jonith (Doy) (Yeor y that I held on Ir d from: Noturol cause C'S Charles ATION, 248. DATE YMEAETH DEPT.	228.1 home	PLACE OF INJURY (e.g., com, locally, street, office of the control	opsy Ond that on the Homicide OCAL EXACTANT MEDICAL EXACT	Is basis, dea Indetermined (AMINER AMINER AMINER AMINER	th in my opinio	Yes ion DATE SIGNED 2 1970

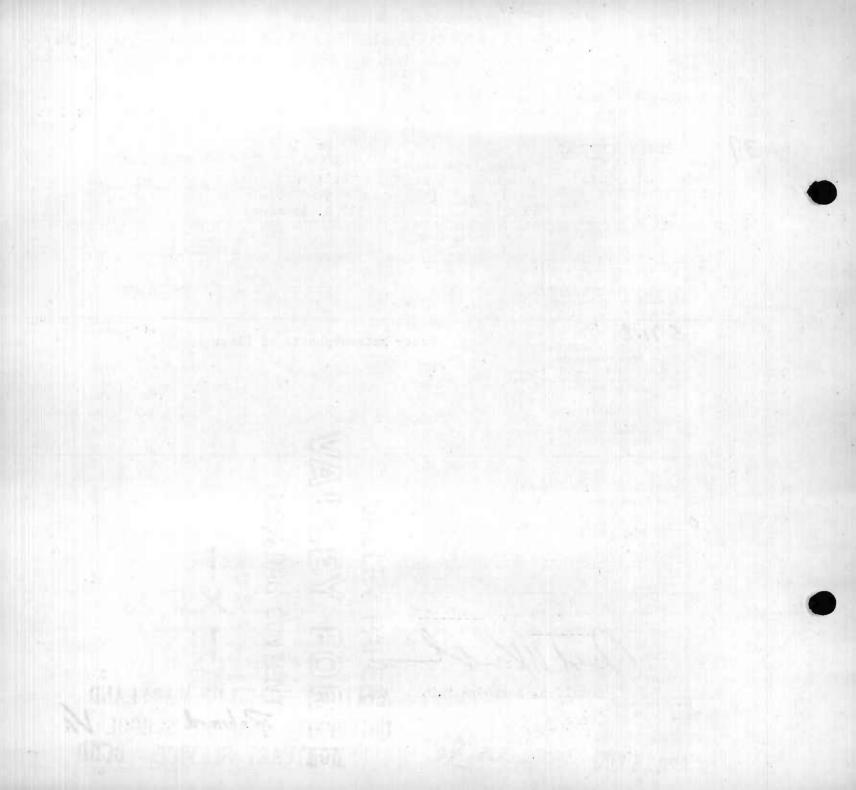
Letter from M.E.'s office 7-14-70 M.H. 7/16/70 Epileptie sugure ME's office ora plume

MEDICAL EXAMINER'S CERTIFICATE OF DEATH MONTH Day Year Month Day Year Month Day Year Month March 25, 1970 9127 P. March 25, 1970 10 P. March 26, 1970 1	Ŧ	622 70 3946 BALTIMORE CITY HE		70 3946
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22A. 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? **EXTERNAL CAUSE WAS** UNDERLYING OR CONTRIB-MEDI UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Yeor) OF INJURY WHILE AT NOT WHILE I (APPROX.) AT WORK m. WORK 23. I certify that I held an Inquiry Inspection X Autopsy ond that on this basis, death in my opinion resulted from Notural causes X Suicide Homicide _ Undetermined monner Accident CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. M.D. 2/25/70 EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) Ronald N. Kornblum, M.D. 24C. NAME of CEMETERA 24A. BURIAL CREMATION. 248. DATE (Stote) REMOVAL (Specify) 258. NAME OF REGISTRAR 25 A. DATE REC'D BY HEALTH DEPT VS 151-REV. 1/1/68



BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 70 3948 CERTIFICA	ATE OF DEATH REG. NO. 70 3948
I. NAME OF DECEASED	
(Typo or Print) SIEGEL, DORA	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE I Where deceased lived, Il institution; residence below admission
	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND. 2720
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
25.00	BALTIMORE YES NO
SINAL HOSPITAL OF BALTIM	E. STREET AND NUMBER Glengyle Ave. # 15.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthdoy) If Under 1 Ye. If Under 24 Hrs. Months! Doys Hours Min.
FEMALE WHITE WIDOWED DIVORCED	14/3/1871 76
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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HOUSEWIFE AT HOME	RUSSIA U.S.A.
JOSEPH BERKOW	MINNIE ?
15. Was Doceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war of doles of service)	17. INFORMANT ADDRESS
(Yes, no of unknown) (If yes, give wor of doles of service) NO NO	UD PERUARO CITOTI COM RIVIUADUE DAMO PA
18. / A A C -/ 1 2 CA CA CAUSE OF DEAT	MR. BERNARD SIEGEL, 6604 BAYTHORNE ROAD #9
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LEADING TO DEATH	6.25.2.2.2.4.2.4.2
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O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	05755
O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	BETES MELLITUS.
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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(APPROX.) While Al Work Al Work	
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that (Y(we) last sow the deceased alive on 1/3	19 2 ond that in (my) (our) opinion death occurred on the date
	ond that in my (our) opinion death occurred on the date
and haur and from the causes stated above. (1) (We) (did) (did not) v	
	23 R, DATE SIGNED
DEGREE Phys	anding Med. Staff Phys. 4 / 13 / 7 o
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
ANDREAT A. PETSAT M.D.	SINAI HOSPITAL OF BALTO
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	
REMOVAL (specify)	
BURIAL 4-14-70 MOS ES MONTIFIOR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
APR 15 1970 Page & Vale VA	25C. FUNERAL DIRECTOR ADDRESS COLL I FUT ON THE PROPERTY OF TH
WLUTO 1910 moneto on Jacobs into	SOL LEVIASON & BROS., 6010 REISTERSTOWN ROAD

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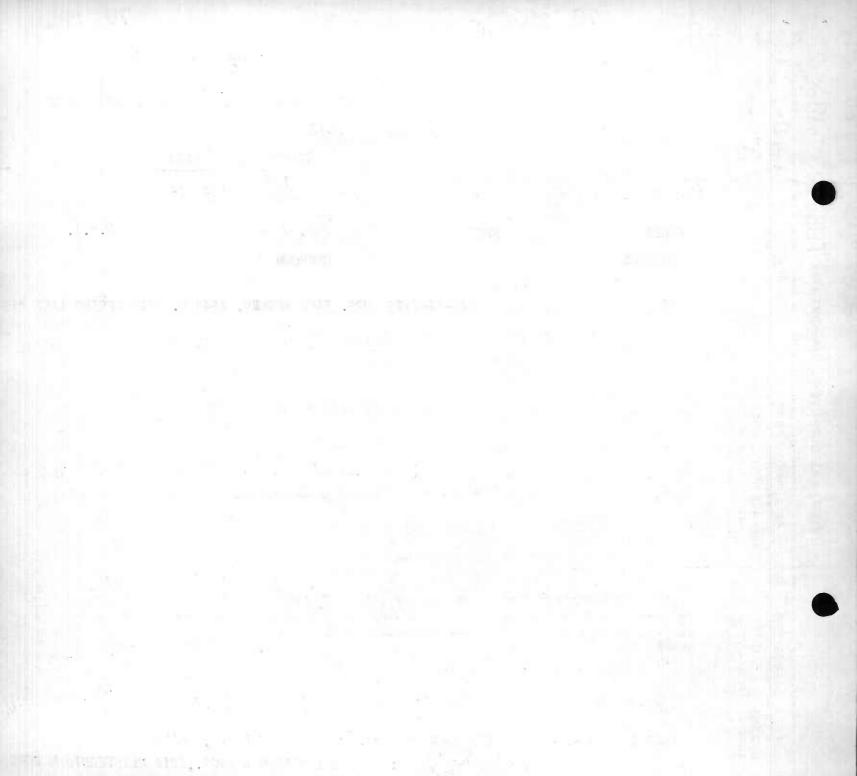
GUM MEGATINE FRIENCE SCHIEGE NO DAYS

BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS? YES W NO If Under 24 Hrs. Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS SPRING APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) ond that in (my) (pur) opinion death accurred on the date 23B. DATE SIGNED (City, town, or county) ADDRESS SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD



Glen Haven

258. NAME OF REGISTRAR

Glen Rurnie.

ADDRESS

130 L. Fort Ave.

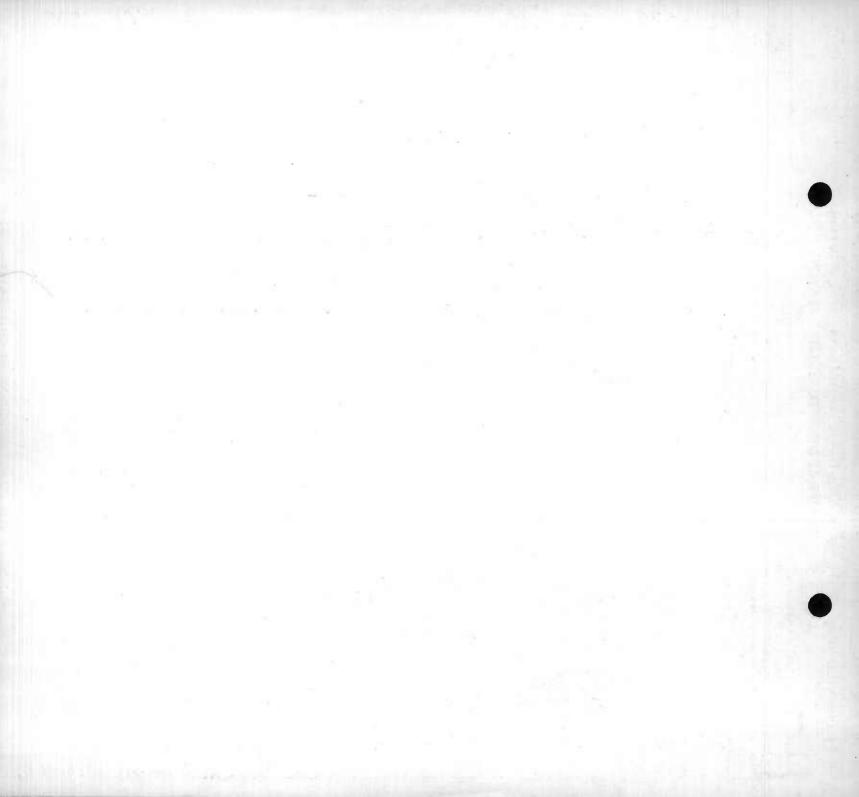
25C. FUNERAL DIRECTOR

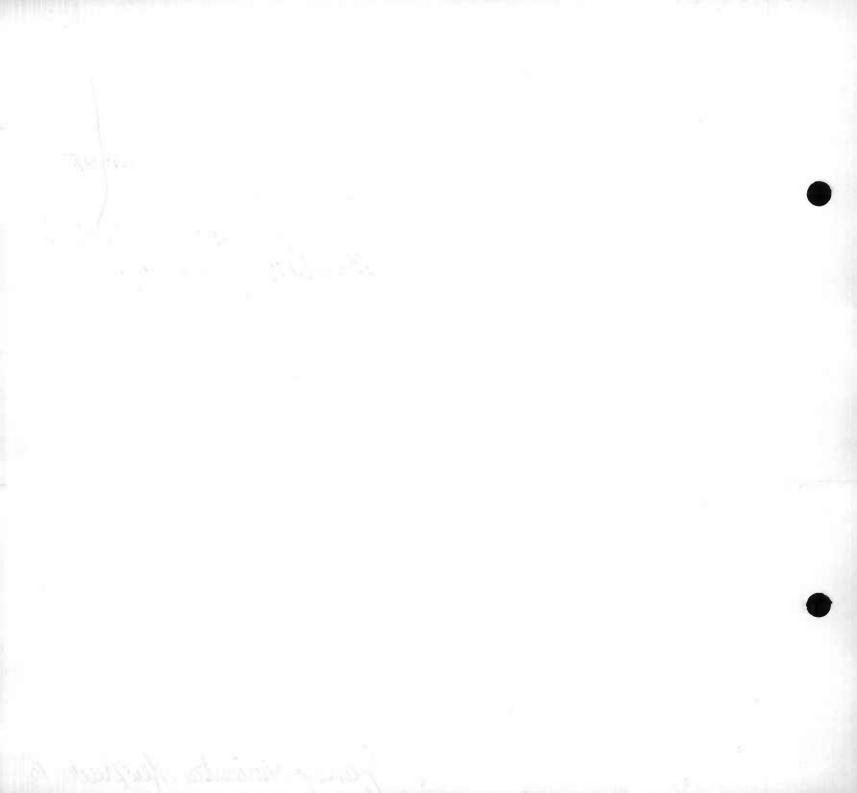
VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT. __

V.S. 153 4-20-70 M.H.

1 = 22	- 1210	-050	BALTIMORE CITY	HEALTH DEPARTMENT		100 -000
J-0000	70	3953	CERTIFICA	TE OF DEATH	REG. NO	.70 3953
BIRTH NO.	TEACED /				HOUR OF DEATH	
(Type or Print)	Aus	to Je	ukins ep	4/10/20	5 L3 A	4
3. PLACE IN BA	TIMORE, MARYLAND	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before admission
FULL NAME OF	(IF NOT IN HO	SPITAL OR INSTIT	UTION, GIVE STREET	. MARYLAND	CECIL	G 57-21
HOSPITAL OR	ADDRESS OR L	OCATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
> T	HE JOHNS	HOPKING	HOSPITAL	ELKTON		YEX NO
5	TIE OOTING	HOPKINS	HOSFITAL	E. STREET AND NUMBER	STOFFT	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min.
MALE	WHITE	WIDOWED		10-30%94	ost birthday	Months Days Hours Min.
			F BUSINESS OR INDUSTRY		in country)	12. CITIZEN OF WHAT COUNTR
	working life, even if retir			The state of solety	in Coonly?	12. CHIZEN OF WHAT COONIE
-11/2		ilroad Co.		Maryland		W.S.A.
3. FATHER'S NA				14. MOTHER'S MAIDEN NAM	E	7.0
	FRANK JE	NKINS		ANNIE NESE	DITT	
5. Was Decease	Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no ar unknow	(If yes, give wor ar	dates of service)	SECURITY NO.	THE WINDS		VDDK622
No			717-09-26204	Mrs. Linda A.	Tenkins, F1	kton. Md.
1B. 41 th	1221		CAUSE OF DEAT		renama, Er	APPROXIMATE INTERVAL
DISEA	SE OR CONDITION	DIRECTLY		0 1 -		BETWEEN ONSET AND DEAT
	LEADING TO DEA			- Carriac	arrest	
(This does	not meon the mode	ol dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	0 11 0	
	osthenia, etc. It me application which can		DOL 10, OK AS	A CONSEQUENCE OF		
				31 1		
	ANTECEDENT CAU		(B)	01 1063		
	OR CONDITIONS,		DUE TO, OR AS	A CONSEQUENCE OF:	111 1	15 121
	e obove couse G CONDITION lost.		(c)	Kuptureal	Alon Aug	wer ASUD"
			(C)			/Sta
Z		CONTRIBUTION		0		V
TO THE DEA	FICANT CONDITIONS TH BUT NOT RELATED	O THE TERMINAL				
DISEASE OR C	ONDITION GIVEN IN	PART I (A).		100		
19A. DATE OF	OPERATION 198.	PERFORMED /	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
E / -// !!		Yed Hor	Anenvas			The state of the s
. OR CONTRIR	NT WAS UNDERLYIN	G 218	PLACE OF INJURY (e.g., ine, form, foctory, stient, o	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimar	e City, give exact location)
	medical examiner	etc.				
210. TIME	(Month) (Day) (Y	eor) (Hour) 21E	. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY			ite At Not While			
(APPROX.)		Wo	rk At Work			
22. I certify	that (1) (This hosp	ital) ottended t	he deceased from	4/10/70 19) to	4/10/70 19
	lost saw the dece		.1.10		and the same of th	11111
			- 7/		THE (MY) (OUT) OPT	nion deoth accurred on the do
		stoted obove.	(We) (did) (did not)	riew the bady ofter death.		
23A. SIGNATU	JRE /	NE				23 B. DATE SIGNED
	Hto.	1///	Dh.,		thaff thys.	4//0/2
23 C. PHYSICIA	MS Y	1110	OCURCE	23D. ADDRESS	,	41910
NAME (1	ype) I/	Too.	IND	TT 1/	4 11.	.11
	The 1	ee /	DEGREE	Vonus Mont	145 MG16	7149/
4A. BURIAL CRE	MATION, 24B, DATE	24C. N	AME of CEMETERY or CR	EMATORY 24D/LO	CATION Ci	ly, lawn, ar caunty) (State)
TENTO VAL					/	
Burial	BY HEALTH DEPL	/70 E1k	ton Cemetery	DEC FUNERAL DECEMBER	ton, Mary 1	and ADDRESS
App 1 C T		S. WE	E STRAK	25C. FUNERAL DIRECTOR	Bleder.	O o OM
HEKTO	210 3444			Sicker Roba	ue for Jun	well schooling
S 150-REV. 1/1/	6R				17	1





FUNERAL DIRECTOR: IMPORTANT

9-300		HEALTH DEPARTMENT		100 -00
3 300 70 39	55 CERTIFICA	TE OF DEATH	REG. NO.	70 3955
BIRTH NO. 1. NAME OF DECEASED	GERTITION.			
(Type or Print) ROCCIO	+ Caall	2. DATE A	ND HOUR OF DEATH	IL-PM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOLINICED DEAD	TA HISHAL PESIDENCE (Wh	or deserved fined this	M. nstitution: residence befare admission)
WHERE PA	ONOUNCED DEAD	A. STATE B. COU	NTY	nstitution: residence befare admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	md	How	ard(1) 63,00
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
Son, Secours. Hasp.		Ellicott. Citi	9	YES NO 🔀
Sort, seconda. Hosp.		E. STREET AND NUMBER	0	
2025 W. Flagette S-	+ · Balto 23 - md	191256. Sta	ymaniol.	2-1043
SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	% AGE (In yours	If Under 1 Yr., If Under 24 Hrs.
& white WIDO	WED DIVORCED	05/01-24	last birthdoy)	Months Days Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State at for	eign country)	12. CITIZEN OF WHAT COUNTRY?
ane during mast of working life, even if retired)	20. 1	3 n	15-1.	P 1150
Action Sales	wise	. //	lichi can	· UJA
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
harles Cuth best.		(Vana Carto	9,	
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. WIFORMANT	~	ADDRESS
es, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	Q 00 8	0	
/ / / /	1367-01-3/83	Beulah &	Jannes.	SAme as 714
18. 4.1 2. 1	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		0 1 11	1 1	
LEADING TO DEATH	(A)IMMEDIATE CAU	se Cerebella	nemoveka	ree 14 down
heart failure, asthenia, etc. It means the disc	DUE TO, OR AS	CONSEQUENCE OF:		
injury or camplication which caused death.)			1	
ANTECEDENT CAUSES	in Muni	stourise + Asto	un about	W. Leans
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR/AS	A CONSEQUENCE OF:	from ac	The Grant
rise to the above cause (A) stating	the A	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)	***************************************		
. 11				1
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINOR OF T	NG			
	(A=(m)404 pgc-promococococo	***************		
19A DATE OF OPERATION 19B CONDITION WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE	FINDINGS CONSIDERED
K.		JEJ.		E5
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., In home, form, foctory, street, of	or obout 21 C. WHERE DID	(II In Boltimor	e City, give exoct locotion)
DEATH (notify medical examiner)	etc.)			
21D-TIME (Month) (Doy) (Year) (Houd)	21E INJURY OCCURRED	21F. HOW DID IN.	ILLEY OCCUP?	
OF INSORI	While At Not While		THE WOOD	
(APPROX)	WORK L AT WORK	L		
22. I certify that (+) (this hospital) attend	ed the deceased fram	3.31	1970 to	4.13 1970
that (1) (we) last saw the deceased alive	1. [nian death accurred on the date
	——————————————————————————————————————			mon death decorred on the date
and haur and from the causes stated abov	e. (i) (me) (did) (did not) v	ew the bady after death.		
1 1 11	1 1	ndian C Mad -	CLUB DOT	238, DATE SIGNED
Jan blen	DEGREE Phys		Shaff Phys.	4.1370
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	- 20	
IAIN C. KERR	M.D	BON SELOURS	HOPP. 202	
A. BURIAL CREMATION, 24B. DATE 124	C. NAME OF CEMETERY OF CRE	MATORY 1345 1	ACATION (Ci	BACTO AND 2122
REMOVAL (Specify)	H.	240.1	TANION (CI	ty, town, at caunty) (State)
12 arul 4-17-70	Menridge	X	an City	Mechegar
A. DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	1/2/	ADDRESS
APR 15 1970 Robert E. 3	auber M.D.	(M)	- Burks	lowson 1000 John 10
\$ 150-REV. 1/1/68		1000		1 A AUTO

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1	M-600 70 395		HEALTH DEPARTMENT TE OF DEATH	REG. NO	70 3956
1.	RTH NO. NAME OF DECEASED			NO HOUR OF DEATH	
110	pe or Print MOWERY, William Pet	ter	4/14/	70	1 9:40 A
3.	PLACE IN BALTIMORE, MARTLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe A. STATE B. COUN Maryland	to deceased lived. Il insti	tution: residence before admission)
FL	JLL NAME OF ADDRESS OR LOCATION	ASTITUTION, GIVE STREET			28-34
IIIN	Veterans Administra	tion Hospital	Baltimore		E CITY LIMITS?
1	3900 Loch Raven Box	leward	E. STREET AND NUMBER		YES NO
1	Baltimore, Maryland			Ton Dud	
5.		RIED NEVER MARRIED	506 Glen Al		If Under 1 Yes . If Under 24 Hrs.
-	Male White WIDO	WED DIVORCED	3/8/04	last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Menths Days Hours Min.
do	A. USUAL OCCUPATION (Give kind of wark 108, KIN ne during most of warking life, even if refired) NOTE: Factory Work So				12 CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME	- E	Shamokin Pa	M.F.	USA
	Daniel Mowery			,	
		II 6 societ	Irene Beechma	an	
(Te	Was Deceased Ever in U. S. Armed Forces? s, no ar unknown) (If yes, give wor or dates of serv		VA Hospital	Records	ADDRESS
	Yes 7/29/42 - 11/4/4	1-7	3900 Loch Rave		Md 21218
	18. 450/1	CAUSE OF DEATH		, , , , , , , , , , , , , , , , , , , ,	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		Deslar en en en El	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	This does not mean the mode of dying.	(A) IMMEDIATE CAU		boli, massiv	e hours
1	heart faiture, asthenia, etc. It means the dise	dse, DUE TO, OR AS A	CONSEQUENCE OF:		
	injury ar complication which caused deoth.)		Marie		
	ANTECEDENT CAUSES	(8)			
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(C)	•••••		
_	11				
10N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG			
AT	IDISEASE OR CONDITION GIVEN IN PART 1 (A).		*****************		
CERTIFICATION	19A-DATE OF OPERATION 19B CONDITION F WAS PERFORMED	OR WHICH OPERATION	NO NO	IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
4	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify modical examines	21B PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID	(If In Baltimore C	City, give exact location)
EDIC	21D.TIME (Month) (Day) fYear) fHoud	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
\$	(APPROX.)	While At Work Not While	П		
	22, I certify that (1) (this hospital) attend		oril loth	- 70 Ann	G1 1/eb - 70
	that (1) (we) last saw the deceased alive	Appil lith	70	9 10 to ADI	il 14th 19 70
			19Ond the	at in (m/y) (aur) apinio	on death occurred on the date
	and hour and from the causes stated abov	e. (1) (We) (dld) (did not) vi	ew the body after death.		
	23A. SIGNATURE	//	di		R DATE SIGNED
		DEGREE Phys.	ding Med. Director	Staff Phys.	April 14, 1970
	23C. PHTSI CIAN'S NAME fType)	Clinn /2	2D ADDRESS	och Raven Bou	
	YOUNG E. CH	UN, M.D.		ore. Maryland	
24/	REMOVAL (Specify) 248. DATE 24	C. NAME of CEMETERY OF CREA	MATORY 24D. LC	CATION (City,	town, or county) (Stote)
	Burial 4-18-1970 (odd Fellows Cemet	ery Sh	namoklin, Pen	na.
25/	A. DATE REC'D BY HEALTH DEPT. 258, NA.	ME OF REGISTRAR	25C. FUNERAL DIRECTOR)	ADDRESS
	APR 15 1970 Walle F. Ja	Bey M.D.	Wm. Cook-Brook	ds Towson, 10	50 York Road
VS	150-REV. 1/1/68				owson, Md. 21204

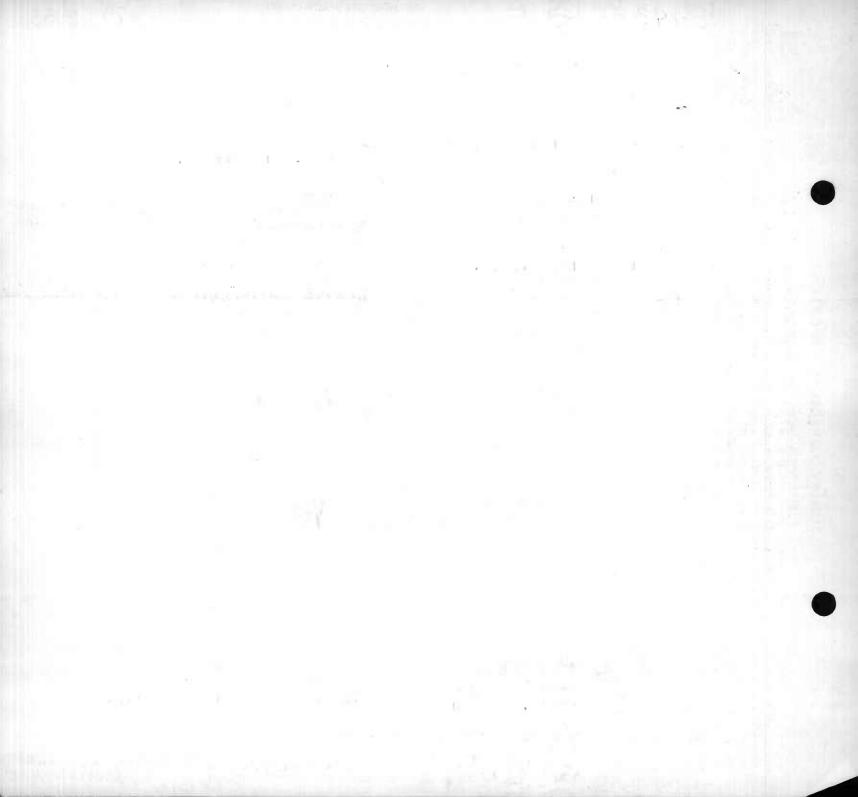
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NAME OF DECEASED NAME PROPERTY NAME PROPERTY NAME PROPERTY NAME PROPERTY NAME PROPERTY NAME PROPERTY NAME	T / FO WO	BALTIMORE CIT	Y HEALTH DEPARTMENT		mo som
TIPS OF PRIMED 3. PRACE IN BATHMORE MARRIAND, WHERE PROHOUNCES DEAD A PRACE IN BATHMORE MARRIAND, WHERE PROHOUNCES DEAD A STATE A DORES OF LOCATION OF STATE A DORES OF LOCATION OF STATE B. COLUMN 1 THE THROUGH OF STATE A STATE A SACE MARRIED NEVER MAR	1-650 70 395 BIRTH NO.	7 CERTIFICA		X	70 3957
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ADDEES OR LOCATION) CENTRE AND ADDEES OR LOCATION)	3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If ins	titution: residence before odmission)
S. SEE S. BACE S. MARRIED NEVER MARRIED S. DATE OF BISTY S. AGE SID years Months: Open House Side of word Months: Open House Side of Side Months: Open House S	HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET			DE CITY LIMITS?
SED	TI Keswick 7001	11. HOTKST	120 Timer	The committee of the co	YES NO
10. USUAL OCCUPATION Give kind of working like, even if refined of working like, even if refined on during most of working like, even if refined on during most of working like, even if refined on during most of working like, even if refined on during most of working like, even if refined on the like and the like and			11 Charles	Rd ZI	2090
13. FATHER'S NAME	F W WIDO	OWED DIVORCED	10/30/1900	ost birthdoy)	Months Doys Hours Min.
13. FATHER'S NAME 15. WAS DATES for IN U.S. Anney Faces? 16. SOCIAL 17. INFORMANT 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dyring, e.g., heart billing, eathering etc.) 18. Heart billing, eathering, etc. In means the disease, injury or complication which caused death.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving tiss to life obove course (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITION SONTRIBUTING TO THE FERMINAL UNDERLYING CONDITION IDEA. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION PAS CONDITION PROVIDED TO THE FERMINAL UNDERLYING CONDITION IDEA. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE FERMINAL UNDERLYING CONDITION CONTRIBUTION TO THE FERMINAL UNDERLYING COURSE OF DEATH? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE FERMINAL UNDERLYING COURSE OF DEATH? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE FERMINAL UNDERLYING COURSE OF DEATH? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE FERMINAL UNDERLYING COURSE OF DEATH? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE FERMINAL UNDERLYING COURSE OF DEATH? OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE FERMINAL UNDERLYING COURSE OF DEATH? OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE FERMINAL UNDERLYING COURSE OF DEATH? OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE FERMINAL UNDERLYING COURSE OF DEATH? OTHER SIGNIFICANT CONTRIBUTION TO THE FERMINAL UNDERLYING COURSE OF DEATH? OTHER SIGNIFICANT CONTRIBUTION TO THE FERMINAL UNDERLYING COURSE OF DEATH? OTHER SIGNIFICANT CONTRIBUTION TO THE FERMINAL UNDERLYING COURSE OF DEATH? OTHER SIGNIFICANT COURSE OF DEATH COURSE OF DEATH? OTHER SIGNIFICANT COURSE OF DEATH COUR	done during most of working lile, even if refired)	ND OF BUSINESS OR INDUSTR	11. 8IRTHPLACE (State or foreign	gn country)	1
15. WAS DECESSED EVEN IN U. S. Armold Forces? 17. INFORMANT 17. INFORMANT 18. OUTS SECURITY NO. 19. OUTS SECUR			Knorville,		U.S.A.
15. WOS DECESSED EVEN IN U. S. Ammed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. 18. 19. 1	T TOW	in	14. MOTHER'S MAIDEN NAM	1:11. à	
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LEADING TO DEATH This does not meen the mode of dying, e.g., beart follow, asthonia, etc. Il means the disease, injury or complication which coused death.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving fise to the deave cause (A) stoling the UNDERLYING CONDITION lost. C. DISEASES OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF CONDITION (PSN IN PART I IA). TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF CONDITION (PSN IN PART I IA). TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF CONDITION (PSN IN PART I IA). TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF CONDITION (PSN IN PART I IA). TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF CONDITION (PSN IN PART I IA). TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF CONDITION (PSN IN PART I IA). TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF DEATH? TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF DEATH? TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF DEATH? TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF DEATH? TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF DEATH? TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF DEATH? TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF DEATH? TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF DEATH? TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF DEATH? TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF DEATH? TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF DEATH? TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF DEATH? TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF DEATH? TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF DEATH? TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF DEATH? TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF DEATH? TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF DEATH? TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF DEATH? TO THE DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OF DEATH? TO THE DEA	18. 756.61	CAUSE OF DEA	TH		
(A)IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF. Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stoling the UNDERLYING CONDITIONS, if any, giving tise to the above cause (A) stoling the UNDERLYING CONDITIONS, if any, giving tise to the above cause (A) stoling the UNDERLYING CONDITION lost. OTHER SIONIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE EMMINAL DISEASE OR CONDITION (PN N) PART IN THE PROPERTY OF THE PROPER		Acut	2 & Chronic Por	renchibis	1 10
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DISEASES OR CONDITIONS, if any, giving isse to the above cause (A) stating the UNDERLYING CONDITION tost. Outer to, or as a consequence of:					
UNDERLYING CONDITION lost. (c) Steamer State of the above cause (A) stating the UNDERLYING CONDITION lost. (c) Steamer State of Condition (Condition Contributing Interest of the Terminal Disease or Condition Contributing Interest of the Terminal Disease or Condition Given in Part 1 (A). (d) JiPA-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 199. CONDITION CAUSE OF DEATH? DR CONTRIBUTING CAUSE OF DEATH? DR CONTRIBUTION CAUSE OF DEATH? DR CONTRIBUTING CAUSE OF DEATH? DR CONTRIBUTION CAUSE OF DEATH?	ANTECEDENT CAUSES	(8)			
UNDERLYING CONDITION lost. (c)		DUE TO, OR A	S A CONSEQUENCE OF:	- 01	. 0
Disease or Condition Given in Part 1 (a)		(c) 53	teagenesis	mported	a fite
DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OR CONDITION GIVE	OTHER SIGNIFICANT CONDITIONS CONTRIBU				
21. A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE	DISEASE OR CONDITION GIVEN IN PART 1 (A).				
21. A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE	MAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
OF INJURY (APPROX.) While AI Not While 1920. 22. I certify that (I) (this hospital) ottended the deceased from 5 - 14 - 1970. that (I) (we) last saw the deceased alive on 19 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (dld nat) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff Director Phys. 23B. DATE SIGNED 23C. PHYSICIANS 23C. PHYSICIANS 23D. ADDRESS Aubrey D. Richardson M.D. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify)	OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
Not While At Work Not While At Work Not While At Work Not While At Work Not While At Work Not While Not Work Not While Not Work Not While Not While Not Work N		21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
22. I certify that (I) (this hospitol) ottended the deceased from 5-14- that (I) (we) last saw the deceased alive on	>	While At Work At Work	ile 🗀		
thot (((we) last saw the deceosed olive on	22. I certify that (1) (this hospital) atten			967 to 4- 5	8- 1970
23A. SIGNATURE 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Attending Med. Director Phys. 8 Days 970 23C. PHYSICIAN'S NAME (Type) Aubrey D. Richardson M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) 25A. DATE REC'D 8Y HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 1 DATE SIGNED 23B. DATE SIGNED 8 DATE		110			
23A. SIGNATURE 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Attending Med. Director Phys. 8 Days 970 23C. PHYSICIAN'S NAME (Type) Aubrey D. Richardson M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) 25A. DATE REC'D 8Y HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 1 DATE SIGNED 23B. DATE SIGNED 8 DATE	and hour and from the couses stated abo	v (1) (We) (did) (did nat)	view the body after deoth.		
23C. PHYSICIAN'S NAME (Type) AUDRESS ALE Phys. Director Phys. Di			/		23B. DATE SIGNED
NAME (Type) Aubrey D. Richardson M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAU (Specify) WEMOVAU (Specify) JOHNS HOPKINS UNIVERSITY 25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS PR 15 1970 ROSCIE C. Select Color of County) Lim. J. Lichyel & Song The North PA AVES	leigher D. Kul	MAN ALLO SECULT IN DE			8 April 1970
Aubrey D. Richardson M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL 4/8/74 Johns Harrins University 25A. DAJE REC'D BY HEALTH DEPL. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 1PR 15 1970 Robert & Salar May 10 August 1 Sang May 10 August 1	23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS		3
REMOVAL 4/8/74 Johns HOPKINS UNIVERSITY 25A. DATE RECTO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS WM. J. Zichnel & Sony Inc. Mark PA AVES					
19815 1970 Robert & Salbert & William J. Lichard & Song Inc. Make of REGISTRAR William J. Lichard & Song Inc. Make PA AVES		4C. NAME of CEMETERY or CI	REMATORY 24D. LC	OCATION (Cit	y, town, or county) (Stote)
1PR 15 1970 Robert E. Janbey 150; Why I Lichard & Song In Math PA AVES					
	100 15 1071 (1) A & & Jak	AME OF REGISTRAR	all 1 400 0	. , ,	A STATE OF THE STA
V\$ 150*REV. 1/1/68	VS 150-REV. 1/1/68		Illim J. Licherer	t song me	MORITA AVES

and the state of Keswik - 700W. HOTEST 10/30/190 69 WS A Microsille, Len. Sen material allihi pole wo TYGICAL IN IRWIN Kesin-K Records Jettor woot

FUNERAL DIRECTOR: IMPORTANT

0,	112		BALTIMORE CITY	HEALTH DEPARTMENT		170	0050
D-/	70-05403	3958	CERTIFICA	TE OF DEATH	REG. NO	70	3958
I, NAME O	F DECEASED	<u> </u>		2. DATE A	AND HOUR OF DEATH		
(Type or Pri	BLA	INE SHIFE	FLETT JR.	4	-9-70		7:40 PM
3. PLACE I	N BALTIMORE, MARYLAN	D, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (WH A. STATE B. COU	ere deceased lived, if i	nstitution: residence	before admission)
FULL NAM HOSPITAL INSTITUTIO	OR ADDRESS OR	OSPITAL OR INSTITU LOCATION)	TION, GIVE STREET	MARYLAND C. CITY OR TOWN	19 B. INS	SIDE CITY LIMITS?	3.00
THE	JOHNS HOPK	INS HOSPI	TAL	E. STREET AND NUMBER	MC	YES 🗌	NO 🔀
					BERTY RD.		
SEX	6. RACE	-	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys	Hours Min.
MA L	OCCUPATION (Give kind	of work IDB. KIND OF		4-2-70 11. BIRTHPLACE (Stole, or for	reian country)	12 CITIZEN OF	WHAT COUNTRY?
done during I	mast of working life, even if re	itired)		BALTIMORI	222211	1416	U.S.A.
13. FATHER	'S NAME			14. MOTHER'S MAIDEN NA	AME		
	BLAINE SHIF				MEADOWS		
5. Was De Yes, na ar ur	ceased Ever in U. S. Arm nknawn) (If yes, give word	ed Farces? or dotes af service)	6. SOCIAL SECURITY NO.	BLAINE SH	IFFLETT SK	299B	LIBERTY R
18.	146.11		CAUSE OF DEATH	1	13/27		NIMATE INTERVAL
1	DISEASE OR CONDITIO			4 ,10		a BETWEEN	ONSET AND DEATH
(This o	LEADING TO DE		(A) IMMEDIATE CAU		a sust		
heort f	ailure, osthenio, etc. It no ar camplication which co	neans the diseose,	DUE TO, OR AS	A CONSEQUENCE OF:			
Injuly	ANTECEDENT CA		Co.	HA N	11. +10.	* 2 2	
DISEA	SES OR CONDITIONS,		(B) DUE TO, OR AS	ACONSEQUENCE OF:	Lord Wil	went!	
rise i	a the obove cause	(A) slaling the		1			
ONDE	RETING CONDITION 16:	SI.	(C)		***************************************		
	II SIGNIFICANT CONDITION DEATH BUT NOT RELATED		R	and dil	ana)		
▼ DISEAS	E OR CONDITION GIVEN I		Z. C.	20A. AUTOPY? (Yes or h	10 200 IE VES WESS	SINDINGS CONS	DERED
DI 19A. DA		S PERFORMED	HICH OPERATION	Vac	No. 208. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?	DEKED
U 21A. A	CCIDENT WAS UNDERLY	ING 218.	PLACE OF INJURY (e.g., i	n ar about 21 WHERE DID	(If In Baltima	re City, give exoct I	acation)
OR CO	NTRIBUTING CAUSE O	F home	, form, factory, street, of	fice bldg., INJURY OCCUR?			
21 D. TI/		(Year) (Haur) 21 E.	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?		
OF INJ		Whil	e At Not While				
22 1 0	ertify that (1) this hos			4-7	19 Z Q to	11-0	19.70.
	(we) lost sow the dea		-011-0	7 19 70 ond t		inian death assu	
				iew the body after death		illian deoin occu	irred on the dute
	NATURE	3 310100 000 10. (1)	(Westand Hor) v	Tow the body diret death	•	238, DATE SIGN	ED
	11 2	1 0/-	Atte Phys	nding Med.	Staff Phys.	4-0	ーフカ
23C. PH	YSICIAN'S	6 Cours	A 41 / L LOESKEN	23D. ADDRESS	111/3.	1 7	-0
N.A	ME (Type)	- W -	1011	THE JOHNS	HOPKINS HO	SPITAL	
	L CREMATION, 24B. DA		ME of CEMETERY OF CRE	MATORY 24D.	LOCATION . (C	ity, tawn, ar county	
-	VAL (Specify)	11/70 LA	KEVIEWC	EMETERY 5	YKESVILLE	MARY	LAND
SO T	REC'D BY HEALTH DEPT.	2 2 248. NAME-9					
APR 3	5 BN Wales	E. Maiben	564	LORING BY	EZS 87286	BERTY R	D. 21133
VS 1S0-REV	. 1/1/68					RAN	DAUSOUN



BALTIMORE CITY HEALTH DEPARTMENT



IMPORTAN

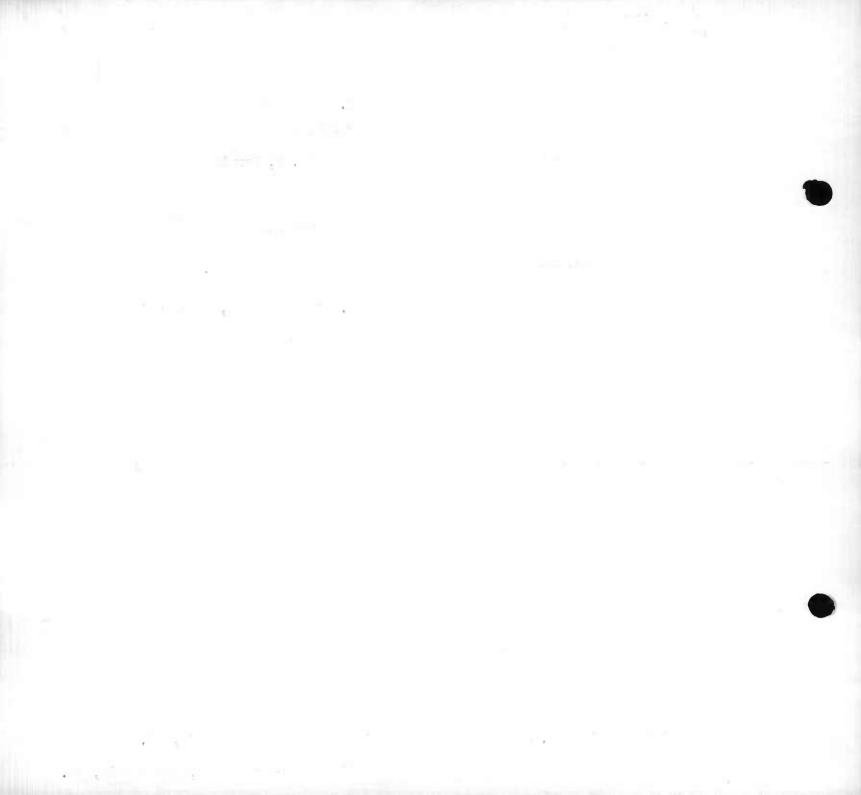
DIRECTOR:

FUNERAL

v.s 153 4-21-70 M.H.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embraned or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

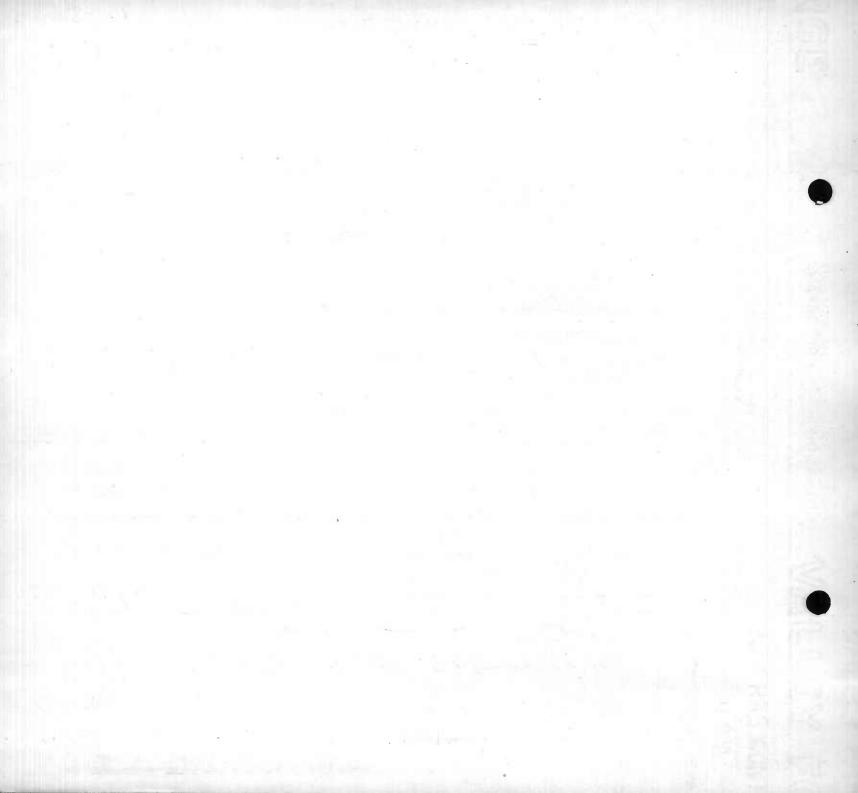
8 -550 70 39	h l	Y HEALTH DEPARTMENT	eg. No. 70 3961
I. NAME OF DECEASED	CERTIFICA	ATE OF DEATH RI	
PATRICIA	BOWMA		-10 10 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE I Whoro deceose A. STATE B. COUNTY	d lived. Il institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INS	STITUTION, GIVE STREET	Md. AA C	52-00
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
1		Pasadena	YES NO X
Moeny Har	atal	E. STREET AND NUMBER	
111EX (19 1105)	DITAL	Rte. 9, Box 28	
F WIDOW		8. DATE OF BIRTH 9. AGE (In last birthet	Months Doys Hours Min.
tOA, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even it relifed)		Baltimore	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	USA
Unknown 5. Wes Deceased Ever in U. S. Armed Forces?		Linda R	G. Bowman
res, no or unknown) If yes, give wor or dotes of service	SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. Sidney Hynson,	game ag //
18. 204.01	CAUSE OF DEAT	H	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		1 10	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE MOBOBLE ENS LU	valuement ; of day
(This does not mean the mode of dying, e. heort failure, asthenio, etc. 11 means the disease	M. A. Lanconson and Contraction of the Contraction	A CONSEQUENCE OF: (Synta)	crave of bloting
injury ar complication which coused death.)	1.		
ANTECEDENT CAUSES	m Acut	Low forestin f.	kan: Sure
DISEASES OR CONDITIONS, if any, givin	ng DUE TO, OR AS	A CONSEQUENCE OF	413
rise to the obove cause (A) stoling to UNDERLYING CONDITION lost.			
11	(c)	************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G		
TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	ĭ		
19A. DATE OF OPERATION 198, CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yos or No) 20B. IF Y	ES, WERE FINDINGS CONSIDERED
WAS PERFORMED			FYING CAUSES OF DEATH?
The appropriate Fig.	IR PLACE OF INJURY (e.g.,	or about 21 C. WHERE DID US	in Bolilmore City, give exact location)
DEATH (notify medical examined	ome, form, foctory, street, of	lice pidg INJURY OCCUR?	and a supply give exact to contain
	L INJURY OCCURRED	015 116 11	
OF INJURY	While At Not While	21F. HOW DID INJURY OCCU	J R?
	AT AAOIK	· 📙	
22. I certify that (I) (this haspital) attended	the deceased from		0 10
that (i) (we) last saw the deceased alive an	100/pm Browl	13 19 70 and that in (my)	(our) opinion death occurred an the date
ond haur and fram the causes stated above.			(out) opinion decin occurred an the date
23A. SIGNATURE	to the total tale light	iew the body difer death.	
Dist pl	. un Atte	nding Med. Staff Director Phys.	23B, DATE SIGNED
23C. PHYSICIAN'S	DEGWEE		1314170
NAME (Type)		23D. ADDRESS	^
	DEGREE	Mercy 100 pte	~ 1
A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY of CRE	MATORY 24D. LOCATION	(City, town, or county) (State)
	Glen Haven Memo	rial Park Glen Bu	rnie, Md.
A. DATE REC'D BY HEALTH DEPT. 258-NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
APR 15 1970 Robert E. Jackey	M.D.		me, Glen Burnie, Md.
			me daren per ure bure



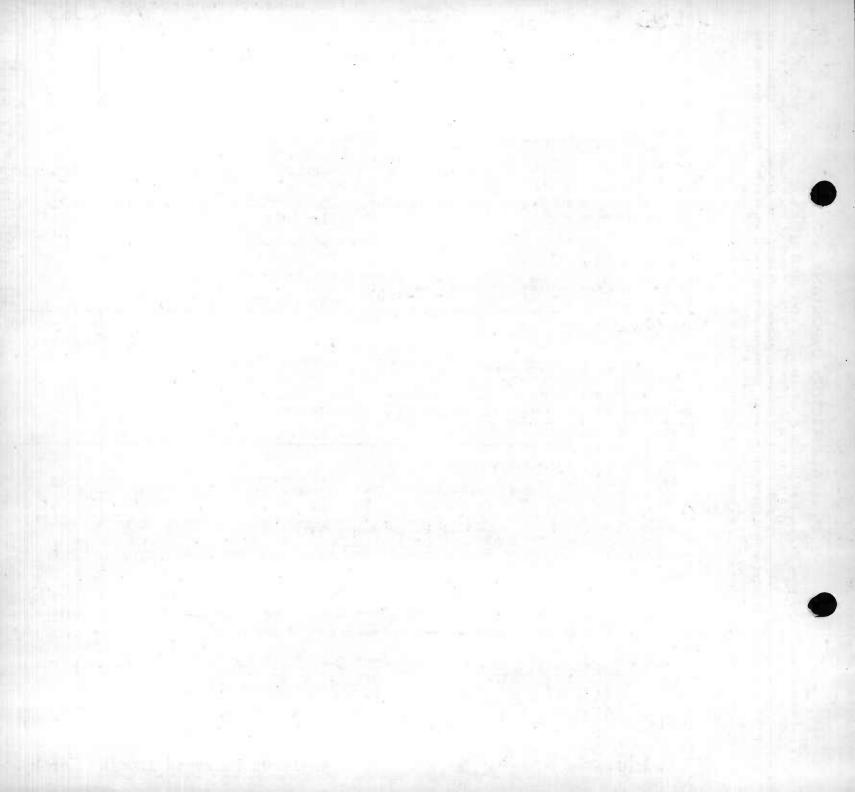
I-650 70 39		HEALTH DEPARTMENT	REG. NO.	70 3962
BIRTH NO.	CERTIFICA	TE OF DEATH		
(Type or Print)		2. DATE AN	D HOUR OF DEATH	
IRWIN, Meredith B 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	MOUNCED DEAD	12 AP	RIL 1970	12:10 P M. stitution: residence before admission)
The state of the s	MOUNCED DEAD	A. STATE B. COUN	II O	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSMTAL OR IN HOSMTAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET		RFORD Co	62-00
VETERANS ADMINISTRA	TON HOSPITAT	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
23 3900 LOCH RAVEN BOU		E. STREET AND NUMBER		YES NO X
BALTIMORE, MARYLAND				
		ROUTE 2 BOX 99		
MALE CAUCASION WIDOW	VED DIVORCED	4-6-20	9. AGE (In years last birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KINE done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
PAINTER		CLOUDS, TENNES	SSEE	U.S.A.
13. FATHER'S NAME		4. MOTHER'S MAIDEN NAM	AE	U. S. R.
NATHANIEL GREEN IRWIN		MARY CATHERINE	E DANTEIS	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL	7. INFORMANT VA HOST		ADDRESS
YES 10-10-40 TO 5-28-	security no. 45 410-14-42-37	3900 LOCH RAVE	TIAL MECORI	TO MD 21210
18. 5 8 2 11 7 16	CAUSE OF DEATH	Jos Loon IgivE	DEVE, DEL	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	10			BETWEEN ONSET AND DEATH
LEADING TO DEATH	CAMMEDIATE CALLS	E Chronic Renal	Pailuma	months
17his does not meen the mode of dying, e heart failure, asthenio, etc. It means the disec		CONSEQUENCE OF:	Lattm.a	Monuns
injury or complication which caused death.)	150,	374		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, il ony, giv	ing DUE TO, OR AS A	CONSEQUENCE OF:	***************************************	**********
rise to the above cause (A) stating UNDERLYING CONDITION last.	iue			
CHARLING COMPINOR IGSE	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN.	IG AL <u>Hepatoma</u>	Suspect		
IDISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No.)	208 15 850 11150 5	
WAS PERFORMED		No	IN CERTIFYING CAL	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, officeld.)	or obout 21 C. WHERE DID	(if In Boltimore	City, give exact location)
Q 21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
HAPPROLI	While At Work Not While At Work			
22. I certify that (1) (this hospital) attende	d the deceased from 30	MARCH	9 70_to12	APRIL 19.70
that (1/2 (we) last sow the deceased alive o		- PO		Ion death occurred on the date
ond hour and from the couses stated above	· (A) (A) (q) (q) (q) (q)			The second of the dold
23A. SIGNATURE				23 B. DATE SIGNED
(VIT)	Attended Phys.	ling Med. S	hoff D	April 13, 1970
23C. PHYSICIAN'S NAME (Type)		D. ABBRESS		
YOUNG E. CHUN,		3900 LOG	H RAVEN BOU	
	NAME of CEMETERY OF CREM	BALTIMORI ATORY 240. LO	E. MARYLAND	21218 (Stote)
Burial 4-16-70	Drummond's			
	E OF REGISTRAR	25C. FUNERAL DIRECTOR	Tazewell	, Tennessee
APR 15 1970 R. Bent & Jane	es M.D.	John H. Ha	rkins, De	
/S 150-REV. 1/1/68				



5-690 rang 70 396	DALTIMORE CITT	HEALTH DEPARTMENT		711 2002
SUND A CAPADAGO SOO	3 CERTIFICA	TE OF DEATH	REG. NO	10 3303
NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	045
	REWER	4/	11/70	18 - PN
PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUNT	deceased lived. If in:	stitution: residence befere admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IF NOT IN HOSPITAL OR IF ADDRESS OR LOCATION) NSTITUTION	NSTITUTION, GIVE STREET	MARYLAND c. CITY OR TOWN		ORE CITY DE CITY LIMITS?
33 THE JOHNS HOPKI	NS HOSPITAL	BALTIMORE E. STREET AND NUMBER 1914 E. BAI	LTIMORE S	TREET 6-04
SEX 6. RACE 7. MAD		4044	. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
FEMALE NEGRO WIDO OA. USUAL OCCUPATION (Give kind of work 10B. KIN one during most of working life, even if retired)	WED DIVORCED	4-8-70	ost birthdoy)	Months Doys Hours Min. 31 12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
		AVIS LOWER	v	
JODY BREWER 5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of serv	rice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. 3 44.0 2	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASES OR CONDITIONS, if ony, g rise to the obove cause (A) stating UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	ING NALFOR WHICH OPERATION	A CONSEQUENCE OF:	20B, IF YES, WERE IN CERTIFYING CAL	SINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or obaut 21C. WHERE DID	(If in Boltimor	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	mee siage, mis on o cook.		e City, give exoct location)
OR CONTRIBUTING CAUSE OF		21F. HOW DID INJU	RY OCCUR?	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (#(this haspital) attention	21E. INJURY OCCURRED While At Not While Work Mork Not Work Not While At Work	21F. HOW DID INJU	9 70 ta	4/11 1970
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) (APPROX.) 22. I certify that (*(this haspital) attendant (1) (we) last saw the deceased alive	21E. INJURY OCCURRED While At Not While At Work ded the deceased from	21F. HOW DID INJU	9 70 ta	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (#(this haspital) attention	21E. INJURY OCCURRED While At Not While At Work ded the deceased from ve. (1) (#6) (did) (did not) Attended	21F. HOW DID INJU	9 70 tat in(my) (ap) ap)	4/11 19.70
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 210. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (H) (this haspital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE ARREST ARREST 23C. PHYSICIAN'S	21E. INJURY OCCURRED While At Not While At Work ded the deceased from ve. (1) (We) (did) (did not) ve. (1)	21F. HOW DID INJU	9 70 ta	4/11 19 70
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (He (this haspital) attended that (1) (week) last saw the deceased alive and haur and fram the causes stated about 23A. SIGNATURE 23C.PHYSICIAN'S MAME (Type)	21E. INJURY OCCURRED While At Not While At Work ded the deceased from	21F. HOW DID INJU	9 70 taapli t in(my) (and apli Shaff	4/11 19 70 nian death accurred on the da
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 210. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (H) (this haspital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE 23C. FIFT SICIAN'S NAME (Type) JAMES W. H	21E. INJURY OCCURRED While At Not While At Work ded the deceased from ve. (1) (#6) (did) (did not) ve. Attemption	21F. HOW DID INJU	t in(my) apli	19.70 nian death accurred on the day 238. DATE SIGNED 4/1/70
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (H) (this haspital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated about 23A. SIGNATURE 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) JAMES W. H 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Cremation 4/13/70	21E. INJURY OCCURRED While At Not While At Work ded the deceased from	21F. HOW DID INJU	t in (my) apli	238. DATE SIGNED OSPITAL Ty, town, or county) (Stote)



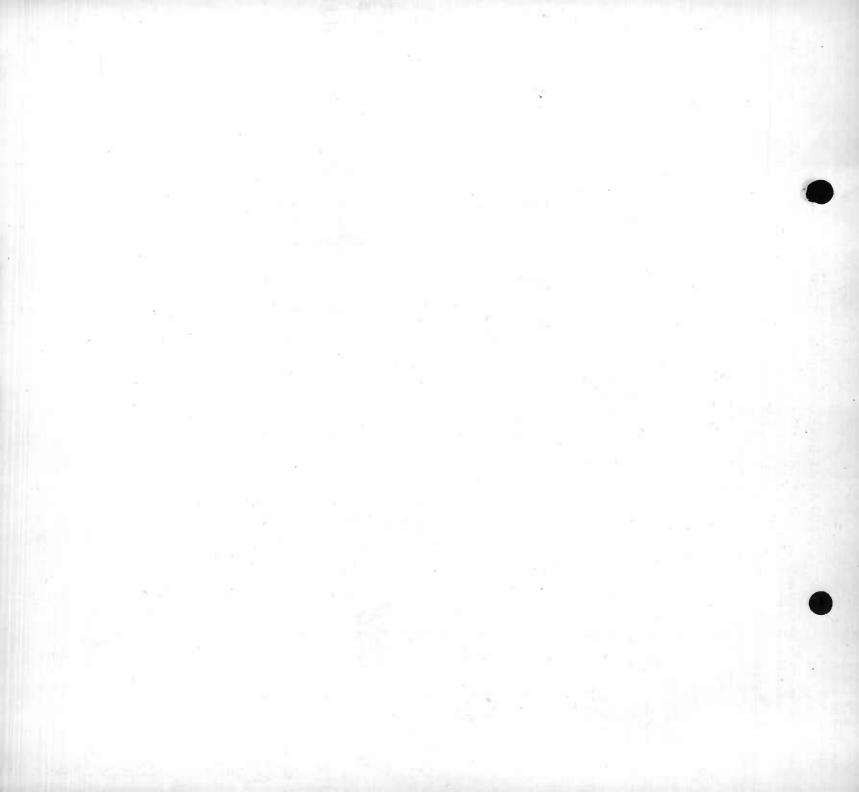
5.3/5 70	3964	BALTIMORE CITY HE	ALTH DEPA	TMENT					
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BIRTH NO.	EDICAL E	XAMINER'S	LEKIIFI	CATE OF	DEAL	REG. NO.	70	396	4
	a Ta		2. DATE	Known XX	44 4				
(Type or Print)	perta st	Oliopuen,	OF		Month	Doy	Year	Hour	
4. PLACE IN BALTIMORE, MARYLAN		evenson	DEATH	Estimated U					M.
			3. DATE	UNCED DEAD	Month	Day	Year	Haur	
HOSPITAL ADDRESS OR L	SPITAL OR INSTITUTI	ON, GIVE STREET	- KONO	DINCED DEAD	4	13	70	13:05	P M
OR INSTITUTION			5. USUAL R	ESIDENCE (Where	deceased i	lved. If Institutio	n: residence b	efare admiss	sian)
514 E.	20th St.		A. STATE	Maryland		B. COUNTY		900	7
6. SEX 7. RACE		NEVER MARRIED	C. CITY OR			ID. INSIDE C	SZIIMII VII	141	X
f111									
female colored 9. DATE OF BIRTH, 110.AG	WIDOWED E			Baltimore		Y	ES L	NO [
5 / Car last bi		nder 1 Yr. If Under 24 Hrs. ths Days Hours Min.	E. SIKEEL	ND NUMBER					
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4A-USUAL OCCUPATION (Give kind of	work 14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHE	S MAIDEN NA	ME	0 1			
ionaduring mast of working life, even if reti	red)		100V	100-0 1	114	allon	oky !)	
6. WAS DECEASED EVER IN U.S. AR	MED EODCESS	II7. SOCIAL	IB. INFOR	arrea	10/	, corre	20010		
Yes, por unknown) (If yes, give war ar d	ales of service)	SECURITY NO.	12	MAINI	22	7 ·1	DDRESS	TR+	L
10			Bles	ce 11/10	Keron	cly -dd	ひとみ) M	-
19.		CAUSE OF DEA	TH			0		PROXIMATE INT	
DISEASE OR CONDITION I	DIRECTIV	30.00						ELIT OLIVET M	D DEATH
LEADING TO DEATH				ic cardio	vascul	ar dise	ase		
(This does not mean the mode of	of dying, e.g.,	(A) IMMEDIATE C	S A CONSEQ	HENCE OF					
heart failure, asthenia, etc. It mear injury ar camplication which cause	is the disease,	DOL 10, OX	a v court	OENCE OF					
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DELATE	ANY, GIVING	(c)	AS A CONSE	QUENCE OF:					
OTHER SIGNIFICANT CONDITION	COMPRISE THE								
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED	D TO THE TERMIN AL								
LI DISEASE OR CONDITION GIVEN	IN PART 1 (A)-	-							***************************************
20A. DATE OF OPERATION 208.	CONDITION FOR	WHICH OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes ar	No)
							no		
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	22B. I home	PLACE OF INJURY (e.g., , farm, factory, street, office	In ar obout 2 bidg., etc.) II	C. WHERE DID (Il in Baltimo	re City, give exc	act location)		
	(Year) (Hour) 2	E.INJURY OCCURRED	2	F. HOW DID IN	URY OCC	UR?			
(APPROX.)			WHILE						
23.	m. W	ORK LATW	ORK L						
I certify that I held on	Inquiry 🔲	Inspection X Aut		and sheet and	In book	Janet .			
				and that on th			_		
resulted from: Natural	causes X A	Suicid	● ☐ Ho	micide 🔲 1	Indetermi	ned monner			
I AMA	2/ >	117	(HIEF MEDICAL E	XAMINER				
ACTUAL SIGNATURE	411	- "	ASSI	TANT MEDICAL E	XAMINER			DATE SIGN	ED
EXAMINER'S		M,D.	•			П			
	r U. SpiOtz	, M.D.	Deputy	Chief Medical E	ical	xaminer	4	/13/70	
24A, BURIAL CREMATION, 24B, DA		NAME of CEMETERY			OCATION		, ar county)	(State	1
Sural (Specify)	7/70 0	Erbutus M	Zem 7	Park a	Bute	6	TH	ed-	,
25A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	25C. F	UNERAL DIRECTO	R -	L A	DDRESS	0	
APR 15 19/11 Kalley	E. Varber	r. D,	1	Jank 1	RICI	ant 11	297	2/01	Ais.
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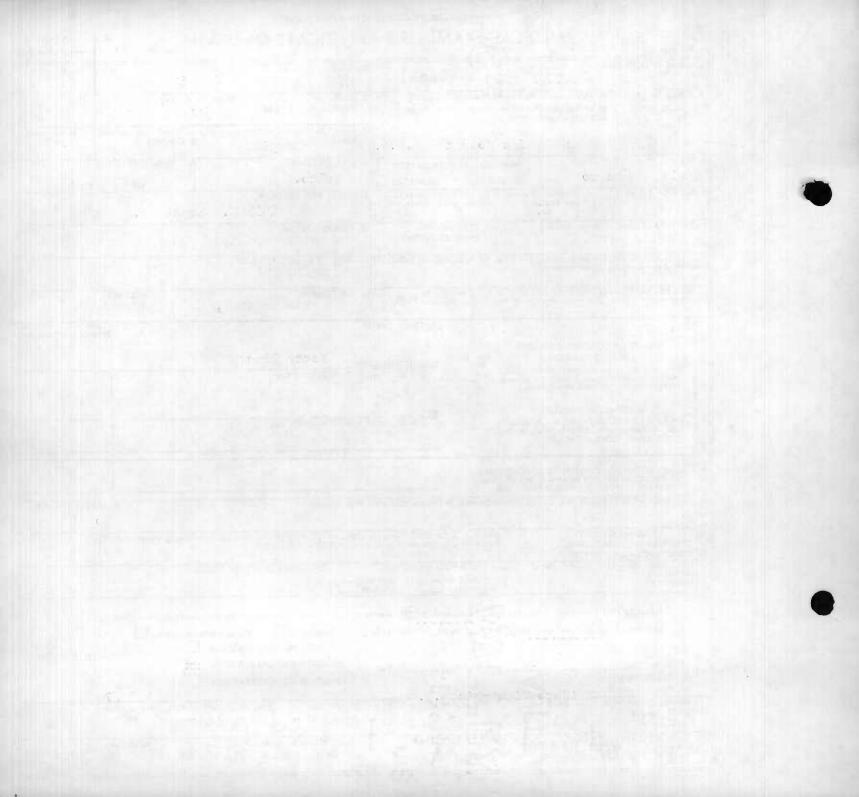


IMPORTANT

DIRECTOR:

FUNERAL





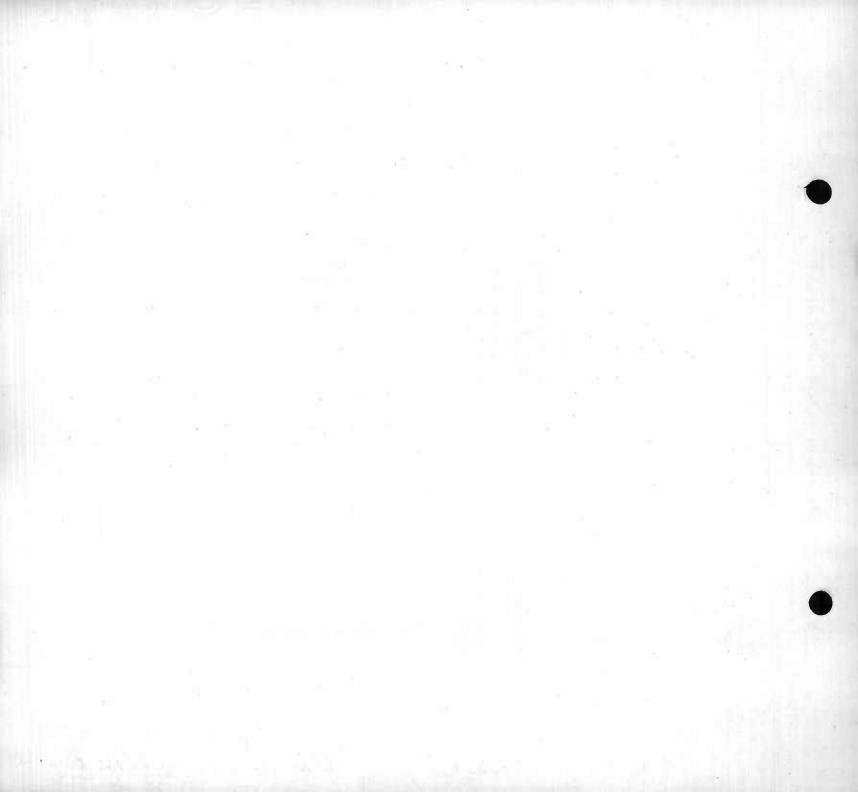
EDWARD TILGHMAN 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION Lutheran Hospital (DOA) 6. SEX 7. RACE Male Negro Negro 10. AGE (in years lost birthday) 9. DATE OF BIRTH 10. BIRTHPLACE (Stote or foreign country) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (Il yes, give wor or doles of service) 17. SOCIAL SECURITY NO. CAUSE OF DEATH Selimoted 18. Martie PRONOUNCED DEAD 4. 13 1970 5. USUAL RESIDENCE (Where dece osed lived. # institution: residence before A. STATE Month Doy 10. NOT HOWN D. INSIDE CITY LIMITS? D. INSIDE CITY LIMITS? PRONOUNCED DEAD 4. 13 1970 5. USUAL RESIDENCE (Where dece osed lived. # institution: residence before A. STATE B. COUNTY B. COUNTY D. INSIDE CITY LIMITS? YES X NOT 10. ASTATE Month Doy VES X NOT 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF U.S. A. STATE B. STREET AND NUMBER 607 N. Edgewood St. 13. FATHER'S NAME SOLOMAN J. Tilghman 14A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY) Month Doy Not Hore 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II) yes, give wor or doles of service) 17. SOCIAL SECURITY NO. CAUSE OF DEATH	St.
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Lutheran Hospital (DOA) 6. SEX 7. RACE Male Negro Widowed Divorced Balto. Set No. Balto. Yes No. No. 10. AGE (In years librinday) 93 Widowed Widowed Divorced Balto. Yes No. 10. AGE (In years librinday) 93 In Birthplace (Stote or foreign country) 12. CITIZEN OF Months; Doys i Hours; Min. 13. FATHER'S NAME Maryland Maryla	St.
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Mary J. Other	XIMATE INTERVAL
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UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	-
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPS	Y? (Yes or No)
Ü	
no	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exact location) home, form, foctory, street, office bidg., etc.) INJURY OCCUR?	H H H H
UTING CAUSE OF DEATH.	
22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED 22F, HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) WHILE AT NOT WHILE	
23.	
resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner	
CHIEF MEDICAL EXAMINER X	TE CIONIED
ACCICTABIT MCDICAL EVANIATED	TE SIGNED
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (CITY TOWN OF COURTY)	3-70
REMOVAL (Specify)	3-70
Burial 4-16-70 Arbutus Mem. Park Arbutus, Maryland	3-70 (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	
1 - 1000 CA - 0 7 A / -	
Charles 4 Fice 661 W Bown	(Stote)
APR 15 970 Vale & Vale & Charles A. Rice 661 W. Barr	(Stote)

Charles attracts to 1 2 - 2 -

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0	7 ,		MED	ICAL	EXAMI	VER'S	CERTIFIC	CATE	OF D	DEAT	H	70	39	69
BII	RTH NO.										KEG, IN	J		
1.	NAME OF DEC	EASED					2. DATE	Known		Month	Doy	Year	Hour	
(IV	be of Filmy	AL	FRED C.	JEFFI	ERSON JI	R.	DEATH	Estimoted	d 🗆					м.
4.	PLACE IN BAL	TIMORE, N	ARYLAND, W	HERE PRO	NOUNCED D	EAD	3. DATE			Month	Doy	Yeor	Hour	
HO	L NAME OF SPITAL INSTITUTION	(IF N	OT IN HOSPITA	L OR INSTIT	TUTION, GIVE ST	TREET		INCED DEA		4	13	1970	9:35	А. м.
	N	L1 W.	Lexingt	on St			A. STATE	Md.	(Where d	eceased liv	B. COUNTY	ion: residence	50	ission)
6.	SEX	7. RACE		8. MARRIE	D NEVER	MARRIED A	C. CITY OR	TOWN			D. INSIDE	CITY LIMITS?	-	
N	la 1e	Negro		WIDOWE	D DI	VORCED	Ba	lto.				YES 🔀	NO 🗆	
9. 1	DATE OF BIRTH	1	10. AGE (In	years	If Under 1 Yr. II	Under 24 Hrs. Hours Min.	E. STREET A	ND NUMB				123 23		. 9
	9-17-1	_	55					W. Le	exing	ton S	t.			
11.	BIRTHPLACE (S	tate or fore	lgn cauntry)		2. CITIZEN OF	NTRY?	13. FATHER	ed C.	Tat	e for	* ON			
14A	USUAL OCCU	PATION (G	ive kind of work	4B. KIND	OF BUSINESS		Y 15. MOTHER	S'S MAIDEN	NAME	TOT.	2011		_	
don	e during most of w	orking lile,	even il retired)											
14	WAS DECEASE	ED EVED IN	III C ADMED	'EODCES'	17. SOCIA	VI.	18. INFORM	e Pac	0			ADDRECE		
	, no or unknown)					RITY NO.						ADDRESS		
	NO							Jeff			502 J	senh	Ave.	
	19.	241	250	9	CA	USE OF DEA	TH Det	riot,	Mic	ch.		BETV	PPROXIMATE T	NTERVAL AND DEATH
			DITION DIREC	TLY	Hypert	ensive	& Arter	ioscle	roti	c car	diovas	cular d	liseas	e
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	heart foilure,	osthenio, e	tc. It meons the	diseose,		DUE TO, OR	AS A CONSEQ	UENCE OF:						
	injury or con	plication wr	nich coused deo	in.)										
	1A	NTECEDEN	T CAUSES		(B)									
	DISEASES C	RCONDI	TIONS, IF ANY	GIVING	(0)	DUE TO, OR	AS A CONSEC	UENCE OF:	:					
	UNDERLYIN	IG CONDI	AUSE (A) STAT	ING THE										
O		11.			(c))								
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S	TO THE DEA	TH BUT NO	T RELATED TO	THE TERMIN	IAL	Diabet	us mell	itus						
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	22A. EXTERI			160									no	
EDICAL	UNDERLYING		NTRIB-	h	2B. PLACE OF ome, farm, foctor	INJURY (e.g., ry, street, ollic	e bldg., etc.)	JURY OCC	DID (IF I	In Boltimor	e City, give e	exoct location)		
Σ	22D. TIME ((Doy) (Yeor	(Hour)	22E.INJURY	OCCURRED	2:	F. HOW DI	ID INJU	RY OCCI	JR?			
	OF INJURY (APPROX.)			m	MHILE AT WORK	NOT AT W	WHILE WORK							
	23.												UI MI	
	1 certi	ify that I	held on Ir	iquiry 📙	Inspection	on X Au	top sy	and that	on this	basis,	death in m	y opinion		
	result	ed from:	Notural cous	ses X	Accident	Sulcio	de 🗌 Ho	micide 🔲	Un	determi	ned manne			
			1	1	d			HIEF MEDI	CAL EXA	MINER	X			
	ACTUAL	inc.	000	Lake	1-/	44.0	ASSIS	TANT MEDI	CAL EXA	MINER			DATE SIG	MED
	SIGN ATU		V - 7			M.D	•	CIATE MEDI			П			
	NAME (T	ype)		1 S. I	Sisher,								4-13-	70
24. RE	MOVAL (Specif	AATION,	24B. DATE		24C. NAME o			RY	24D. LO	CATION	(City, to	wn, or county) (Sto	ote)
"-	buria!"	,,	4-20-	70	D	etroi	t		De	troi	t, Mi	ch.		
25.	A. DAJE REC'D	BY HEALTH	DEPT.	258, NA	ME OF REGIST	TRAR	25C, F	UNERAL DI				ADDRESS		
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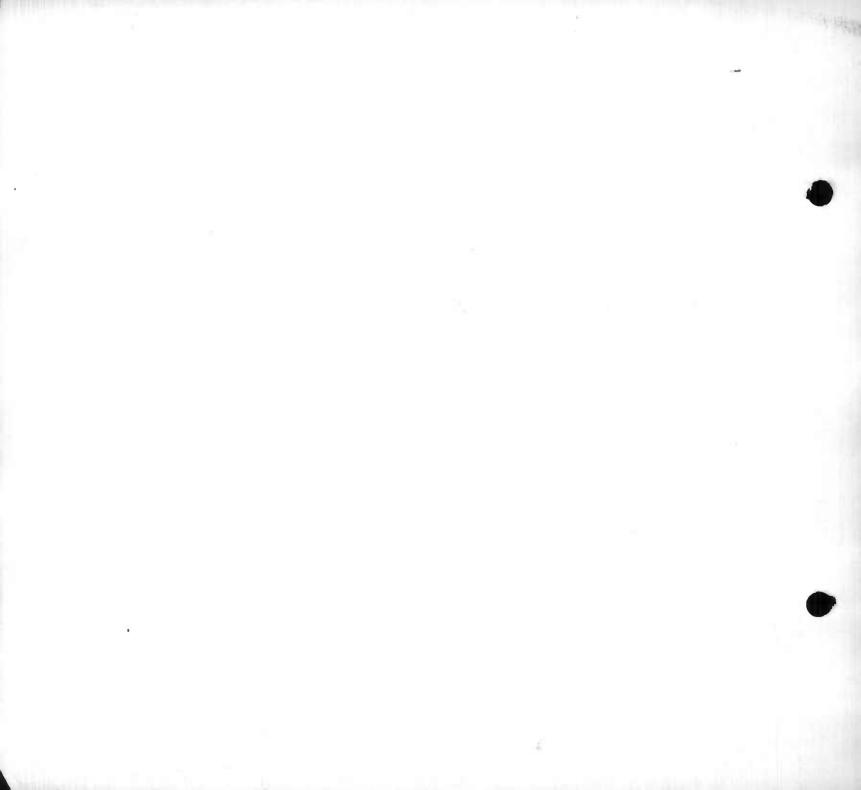
(BALTIMORE CITY	HEALTH DEPARTMENT		70 3970
525 70	3970	CERTIFICA	TE OF DEATH	REG. NO.	70 3970
NAME OF DECEASED	3010	OLK THE TOTAL		ND HOUR OF DEATH	
Type or Print)	222.2				1 (2 7
JOHNSON, Cl.				il 12, 1970	institution: residence before odmission)
B. PLACE IN BALTIMORE, MARYLAND, WH	EKE PKONOU	INCED DEAD	A. STATE B. COU	NTY	institution: restuence betare commissions
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION	OR INSTITU	TION, GIVE STREET	Maryland c. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
90			Baltimore E. STREET AND NUMBER		YES NO NO
Bolton Hill Convalesce	nt & Nu	rsing Ctr.	2811 Kinsey	Avenue	
		X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	WIDOWED		0.00	tost birthday)	Months Doys Haurs Min.
A. USUAL OCCUPATION (Give kind of work)	_		11. BIRTHPLACE (Stole or for	reign country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)				7	
			Penna.		4. 5.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	
Charlie Powe			Unknown	1500	
S. Wos Deceosed Ever in U. S. Armed Farce (es.na ar unknawn) (If yes, give wor ar dotes	s? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		219-54-8270	Vannath T	1	11 1/ 1
110	75	CAUSE OF DEATI	Kenneth Jo	hnoon 28	11 KINSEY AYE.
This does not mean the made of desired to the control of the course of t	IN TION FOR WRMED	(B) COGA DUE TO, OR AS (C) GEMOS WHICH OPERATION PLACE OF INJURY (e.g., i	A CONSEQUENCE OF: A CONSEQUENCE OF:	lo) 20B, IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
	erc.				
21 D. TIME (Manth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX)	Whil	le At Not While At Work	е		
				10	
22. I certify that (I) (this hospital)	attended th	e deceosed from		_19to	19
that (1) (we) last saw the deceased	alive an		19ond 1	hot in (my) (our) op	inion deoth occurred on the dot
and hour and from the couses state	d obove. (1)	(We) (did) (did not)	iew the body ofter death		
23A. SIGNATURE		A			23B. DATE SIGNED
111-	1	MI D AHO	nding Med.	Staff C	1 -
1/ Ceresses	57	DEGREE Phy	s. Director	Phys.	4-12-70
23C. PHYSTCIAN'S NAME (Type)	PANA	CA NA	985 W8-03	son Rd.	- F BALTO Hd. 21
4A. BURIAL CREMATION, 24B. DATE		ME OF CEMELERY OF CRI	/	LOCATION(City, town, or county) (Stole)
REMOVAL (Specify)	on	Thubu	ry /	Baltine	re, mg.
APR 15 1970 2.4.	SB. NAME O	F REGISTRAR	25C. FUNERAL DIRECTS	oh Kie	e661W. Barre
S 150-REV. 1/1/6B	י אמיוטני	764	70000		SI



-	I-6/0 70 39	7-1	Y HEALTH DEPARTMENT	REG. NO.	70 2074
	RTH NO.	CERTIFICA	TE OF DEATH	KEO. 110.	33/1
	NAME OF DECEASED /pe or Printle Michelle 7	chi	2. DATE AND	HOUR OF DEATH	1 4: 35FP
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PA	ONO VICED DEAD	A. STATE & COUNTY	deceased lived. It institution	nt residence before admission)
H	JLL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	me!		16-05
IN	STITUTION	11 41	C. CITY OR TOWN	D. INSIDE CIT	
	38 Unevesity 1	to peles	E. STREET AND NUMBER	YES	4 NO L
			2515 Edwa	rdson ave	
	F N WIDO		5/2//5/	st birthday) Mont	nder 1 Yr. II Under 24 Hrs. hs Doys Hours Min.
10/	A. USUAL OCCUPATION (Give kind of work 10 B. KIN ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12. C	CITIZEN OF WHAT COUNTRY
	and the state of t		Baltima	ú.	US
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Josyph Mour	~	199-16-	Irby Mar	- 4
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, na ar unknown) (If yas, giva war or datas at serv	ica) 1 6. SOCIAL SECURITY NO.	17. INFORMANT HATTE RO	WHITE 2604 a	AMPORESS Are.
	18.	CAUSE OF DEAT	H	<u>a</u>	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Hypertienter	Subachi	Unknown
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	Stoppens	
	injury or complication which coused death.)				
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, it any, ginise to the above cause [A] stating UNDERLYING CONDITION last.	ine	A CONSEQUENCE OF:		
	11	(c)			***************************************
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
AT	TO THE DEATH BUT NOT RELATED TO THE TERMINIDISEASE OR CONDITION GIVEN IN PART) (A).	***************************************			***************************************
CERTIFICATION	19A. DATE OF OPERATION 19R. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED P DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinent	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of atc.)	n or about 21 C. WHERE DID	(If in Boltimore City, s	give exoct location)
MEDI	21D. TIME (Manth) (Doy) (Year) (Haut) OF INJURY	21E INJURY OCCURRED	21 F. HOW DID INJUR	Y O C C U R?	
2	(A PPROX.)	While At Not While At Work			
	22. I certify that (1) (this hospital) attend			6 Yto April	1 10 7 0
	that (1) (we) last saw the deceased alive				ooth occurred on the dote
	and haur and from the causes stated obay	od (I) (We) (did) (did nat) v			
	23A. SIGNATURE		, , , , , , , , , , , , , , , , , , , ,	23 B, D	ATE SIGNED
	Hay M. Lat	DEGREE Phys	nding Med. Sta Director Phy	# 9	4//3/20
	23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	,	1//-/
	FANM. LAT	+ MA) DEGREE	Univ. Ho	:3/	
24/	REMOVAL (Specify) 248. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LOC.	ATION (City, town	or county) (Stote)
1	Zunal 9/17/70	not Calu	ey Ba	Et more	ma
	DATE LECO WALTINDUT & E 25 ME	ME ON RESISTRAR	25C. PUNERAL DIRECTOR	Vica 111	ADDRESS CO
	HLU TO 1910 Second of	- Comment	Martin a	1 vce 6614	VI Bave SI
1S	150-REV. 1/1/68				



VS 150-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT

70 3973 ME	DICAL EX	AMINER'S			OF DEAT	H REG. NO.	70	3973	
BIRTH NC. 1. NAME OF DECEASED			2. DATE						
(Type or Print) LEON FORD	Jr		OF	Known Estimoted	Month	Doy	Year	Hour	
4. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	DEATH 3. DATE	Estimored	Month	Doy	Yeor	Hour	
	TAL OR INSTITUTION		DUNCED DEAD	4	12	1970	11:45 A		
Carroll Park Gold	Course (DOA)	A. STATE	RESIDENCE (W	here deceosed l	B. COUNTY	n: residence b	elore odmission)	
6. SEX 7. RACE		NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
Male Negro	WIDOWED -		Balto.						
9. DATE OF BIRTH 10. AGE	In years If Unde	DIVORCED L. r I Yr. If Under 24 Hrs. poys 1 Hours Min.		AND NUMBER			F2 6	<u> 10 П</u>	
5-7-1952 17 II. BIRTHPLACE (Stote or foreign country)	10.0171	7511.05		Reister	cstown R	d.			
Baltimore, Maryland		ALCOUNTRY?		n Ford,	Sr.				
14A.USUAL OCCUPATION (Give kind of wordone during most of working life, even if retired	14B. KIND OF BU	SINESS OR INDUSTRY	15. MOTH	ER'S MAIDEN	VAME				
N/A			Ma	rgaret H	ope				
16. WAS DECEASED EVER IN U.S. ARMI	D FORCES? 17	. SOCIAL	18. INFO	-		A	DDRESS		
(Yes, no or unknown) (if yes, give wor or dote	s of service)	SECURITY NO.	Mr	Leon For	ed Cr			stown Roa	
19.		CAUSE OF DEA		Leon To	u, 31.	4322 1		ROXIMATE INTERVAL	
CEADING TO DEATH (This does not meen the mode of cheart follure, osthenio, etc. It meens the injury or complication which coused do an anticology of the course of the co	e discose,	(A)IMMEDIATE CONTROL OF A	S A CONSE	QUENCE OF:	insnot w	ounds of	abdome		
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN 1208. DATE OF OPERATION 1208. CC	OTHE TERMINAL PART 1 (A).								
20A. DATE OF OPERATION 20B. CC	NDITION FOR WH	ICH OPERATION WA	S PERFOR	MED			21. AUTOF	SY? (Yes or No)	
با المالية								yes	
UNDERLYINGK OR CONTRIB-	22B. PLA	CE OF INJURY (e.g., rm, loctory, sireet, office	in or obout	22C. WHERE DI	D (If in Boltimo	re City, give exc	ect locotion)		
UTING CAUSE OF DEATH.		Unk.			Unk.	0			
Z 22D. TIME (Monih) (Doy) (Yes		NJURY OCCURRED	- 1	22F. HOW DID	INJURY OCC	UR?			
(APPROX.) Unk.	m. WHIL	K NOT	ORK	Subj. sh	ot by u	nknown a	ssaila	nt.	
ACTUAL SIGNATURE EXAMINER'S		dent Suicid	ASS	ond that or omicide X CHIEF MEDICA ISTANT MEDICA DCIATE MEDICA	Undetermi L EXAMINER L EXAMINER] ,	DATE SIGNED	
24A, BURIAL CREMATION. 1248, DATE		NAME of CEMETERY	CREMAT	ORY 124	D. LOCATION	(Class to	4-13-		
REMOVAL (Specify) Burial 4-16-	70 E	Balto. Nat'l		1	Baltin			(Stote) yland	
APR 15 1970	258. NAME OF	REGISTRARD		TON & DY	CTOR	Al	DDRESS		
VS 151-REV. 7/1/68									

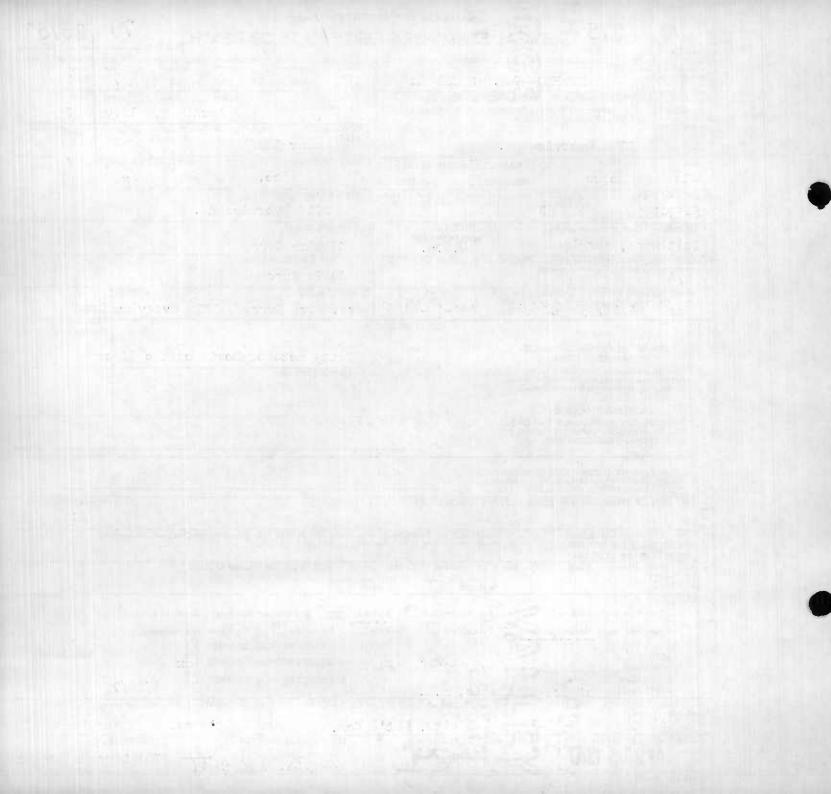
E STUDIO E LA CONTRACTOR DE LA CONTRACTOR DEL LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACT

5-455	BALTIMORE CITY HEALTH DEPARTMENT
and eath ased the	BIRTH NO. 70 3974 CERTIFICATE OF DEATH REG. NO. 70 3974
	DO/den Zmmp H. & April 1970 110:18 P
hosp use (5) and	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET AND ADDRESS OR LOCATION) INSTITUTION A. STATE B. COUNTY C. CITY OR TOWN D. INSIDE CITY LIMITS?
D = D - C	
occurred ontributi ermined regular	MARRIED NEVER MARRIED 5. DIVORCED 5. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED 3/12/76 9. AGE (In years Months: Days Hours Min.
death t or c Undet as in	done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. West Factorian of working life, even if retired) 16. West Factorian of Working life, even if retired) 17. CITIZEN OF WHAT COUNT. 18. MOTHER'S MAIDEN NAME 18. MOTHER'S MAIDEN NAME 19. MOTHER'S MAIDEN NAME
Stant if ind; (4) leath w	
Ssi ssi	Mrs. Mable Smith 3931 W. Mulberry S [18. / 10. 92] CAUSE OF DEATH APPROXIMATE INTERVAL
- 04 5 5 8	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving and (A) IMMEDIATE CAUSE Coronary Throughout 1 day
examiner. examiner. 3) A fractu n who pro	ANTECEDENT CAUSES
ical examiner all examiners (3) A fractucian who process in regular as in regular	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
- 0 6 - 0	UNDERLYING CONDITION lost (c) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
ZEOES	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., In or obout 21C. WHERE DID INJURY OCCUR? DEATH (notify modical examples) of DEATH (
No of the No	
the the and and	22. I certify that (I) this hospital) attended the deceased from 4 March 1970 to 7 April 1970
15 of t	and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.
3000	
certificate sody was r rs: (1) An a D.O.A. at a	ROBERT C. B / Aut man M. N DEGREE Granada Naring Home 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county). (Stole)
This certif the body shows: (1) was D.O. deceased	BURIAL 4/5/70 EDENEZER BOPT. Ch. COM NESON CO UNGINIA 25A. DATE RECTO BY HEALTH DEPT. 25B. NAME OF REGISTRAR ADD 15 1070 OF AC. 27.0 ADDRESS ADD 15 1070 OF AC. 27.0
	VS 150-REV. 1/1/68



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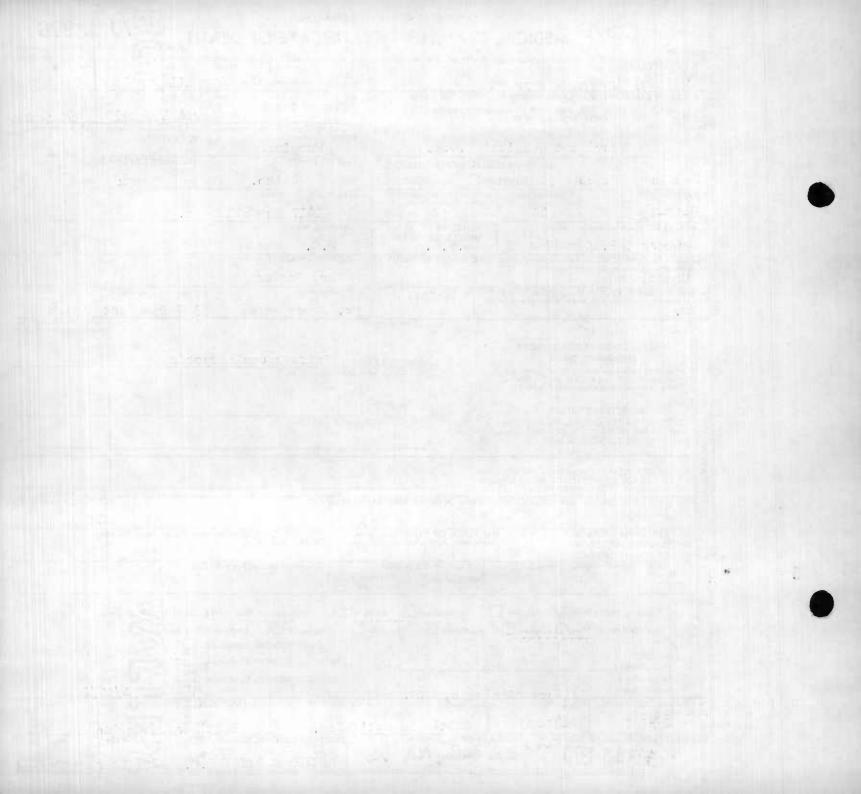
Res	70 RTH NO.	3975	MED	ICA	L EXAMINER'S			OF DEA	TH REG. NO	70	1	397	75
	NAME OF DEC	EASED				2. DATE	Known [Month	Doy	Ye	or	Hour	
(Ty	pe or Print)		IRVING	HICH	KS CURRY SR.	OF	Estimated	, ,	9	7			р "
4.	PLACE IN BAL	TIMORE, MA	RYLAND, V	VHERE P	RONOUNCED DEAD	DEATH 3. DATE		Month	Doy	Ye	or	Hour	M
FUI	LL NAME OF SPITAL INSTITUTION	(IF NO		AL OR INS	STITUTION, GIVE STREET		OUNCED DEAD	A	pril 9,	197			P N
OK.	INSTITUTION	3728 0	vervie	w Rd		A. STATE	Maryla		B. COUNTY		nce bel	5	nission)
6.	SEX	7. RACE		B. MAR	RIED NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE	CITY LIMI	TS?		Sept
M	ale	Negro			WED DIVORCED		Balto			YES 🛛	NI	0	
9. 1	DATE OF BIRT	H	10. AGE (I	veors	# Under 1 Yr. II Under 24 Hrs.	E. STREET	AND NUMBER	R		163	14	<u> </u>	
	8-19-192	6	losi birthdo 43	ν)	Months Doys Hours Min.		3728 Ove	rview	Rd.				
	BIRTHPLACE(S Baltimor				WHAT COUNTRY?		R'S NAME	m m (/					
				IAR KIN	D OF BUSINESS OR INDUSTR	VIS MOTH	ahlee Cu	NAME					
don	N/A N/A	vorking life, ev	en if retired)		o or boomers on moosin		lia Curr						
16.	WAS DECEAS	ED EVER IN	U.S. ARMET	FORCE	S? IT. SOCIAL	IB. INFOR	MANT			ADDRESS	5		
(16	yes	2/28/4	5 4/2	6/46	212-20-0106	Mrs.	Mary Cu	rry	3728 Ove	rview	Roa	ad	
	19.	. 2			CAUSE OF DEA	TH							INTERVAL
	DISEAS	E OR COND	MON DIRE	CTLY									
		LEADING TO			(A) IMMEDIATE	CAUSEFat	ty metam	orpnos	is of th	e liv	er		
	(This does n	ot mean the , asthenio, etc	mode of dy	ing, e.g., disease,	DUETO OP	AS A CONSE	QUENCE OF:						
	injury or cor	nplication whi	ch coused de	oth.)			100						
	At	NTECEDENT	CAUSES		(a)								
	DISEASES	OR CONDITI	ONS IF ANY	, GIVING	DUE TO, OR	AS A CONS	EQUENCE OF						
	RISE TO THE	E ABOVE CA	USE (A) STA	TING TH									
2	ONDEREN		TOTT EAST		(c)								
ΙĔ	OTHER SIGN	!! FIGALIZ 60!	11	CALTRIDI	MAIC								
ERTIFICATION	TO THE DE	IIFICANT COI ATH BUT NOT CONDITION	RELATED TO	THE TER	MINAL								
E					FOR WHICH OPERATION W	AS PERFOR	MED			[21. A	UTOP	SV2 (Ye	s or No)
18	DAIL O	OI BRAILO		TOILIO	TOR WINCH OF ERRIEDIE W	NO TERIOR	MED					YES	,
با	224						***					1110	
EDIC	UNDERLYING UTING CA		TRIB-		22B. PLACE OF INJURY (e.g., home, farm, factory, street, office	e bldg., elc.)	INJURY OCCU	IR?	lmore City, give	exact locali	on)		
Σ	22D. TIME		Doy) (Yea	r) (Hor	ur) 22E.INJURY OCCURRED		22F. HOW DIE	INJURY O	CCUR?				
	OF INJURY (APPROX.)					WHILE							
	23.				m. WORK AT V	VORK							
		Ify that I h	eld on I	ngulry	Inspection Au	topsy VX	and that a	n this bas	is, death in n	v opinie	n		
		ted from: N		· -			iomicide		rmined monne				
	10201	rea from: P	to turg 1-cau	SOEIA	Accident - Suicid	ie C			-				
	ACTUAL		/ /	1	malle		CHIEF MEDIC				D	ATE SI	GNED
М	SIGNAT			111	MARKATHER LAND	A55	SISTANT MEDIC	AL EXAMIN	ER LXX				
	EXAMIN					ASS	OCIATE MEDIC	AL EXAMIN	ER L	/10/7	0		
-	NAME (idore	Miha	lakis, M.D.	CDFMAS	0.00	10017					
	A. BURIAL CRE	ly)			24C. NAME of CEMETERY		ORT	AD. LOCATI		own, or co			itote)
1	Burial		4-13-	70	Balto, Nat'	1 Cem.		Balt	imore,	M	ary	land	
25	A. DATE REC'D	BY HEALTH	DEPT.		NAME OF REGISTRAR		FUNERAL DIR	ECTOR		ADDRES			
	APF	15 19	/1 Ka	34,88	Jaber M.D.	m	1.7	2- D.	-// 17	01 La	ure	ns S	treet
-	161 PEN 7/2 ///	1 40 10	·	1	i Actual	1//4	laster &	1 24	en '				
4.2	151-REV. 1/1/6	U											b



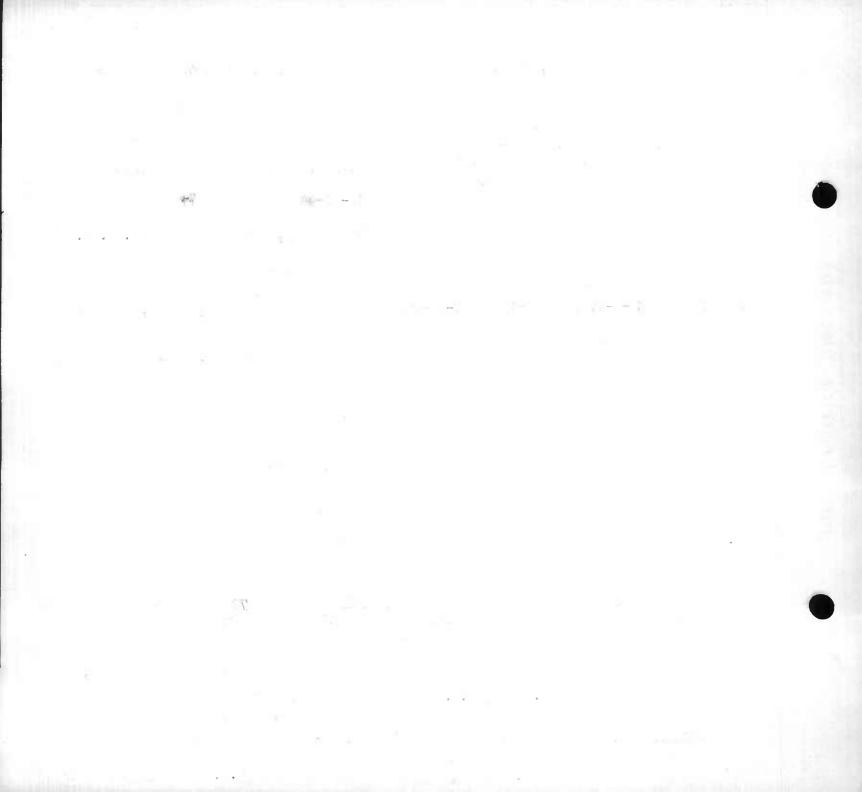
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BALTIMORE CITY HEALTH DEPARTMENT

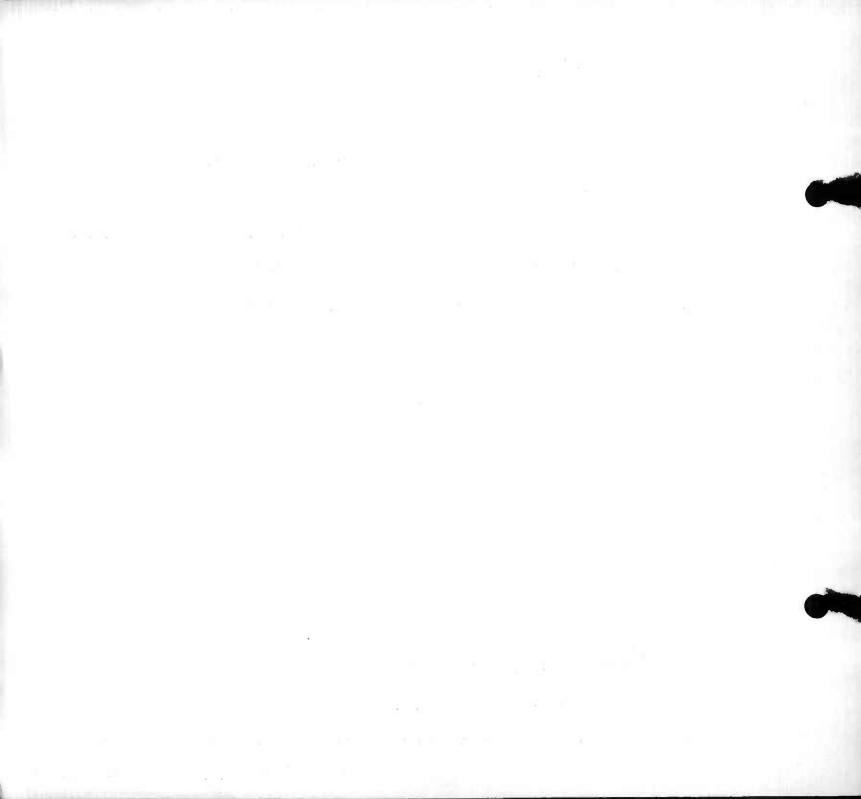
dr.	70	3978	MED	ICA	LEX	AMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO	70	3976	
_	TH NO.												
I.	NAME OF DEC	EASED					2. DATE OF	Known .	Month	Doy	Yeor	Hnur	
	(Willie)	WILL	A MAE	JONE	S		DEATH	Estimoted [4	11	70	7:00 р м.	
4.	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)						PRONOI	INCED DEAD	An	ril 11.	1970	7:00 DM.		
	INSTITUTION	ADDR	ESS OR LOCA	lion			5. USUAL R	ESIDENCE (When				before odmission)	
		Provi	dent He	spit	a1	D.O.A.	A. STATE	Maryland		B. COUNTY	1	402	
6.	SEX	7. RACE		8. MAR	RIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?		
	Female	Negr		WIDON				Balto.		1	res 🗵	но 🗆	
	8-22-194		lost birthdo	v)	Month	der 1 Yr. 11 Under 24 Hrs. is: Doys: Hours: Min.		1417 Mc C	u11 o h	St.			
11.	BIRTHPLACE (S	tate or forei	ign country)		12. C	ITIZEN OF	13. FATHER						
	Newberry				W	HATCOUNTRY?		C. Johnson					
14A	USUAL OCCU	PATION (GI	ive kind of work	148. KIN	OF B	USINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NA	ME				
don	Unemple Unemple	yed	ven mremred)				Mar	y Parker					
16.	WAS DECEAS	ED EVER IN	U.S. ARMET	FORCE	5?	17. SOCIAL	18. INFORM	MANT		1	DDRESS		
	No or unknown)	(It yes, give	wor or dotes	of service	P)	SECURITY NO.	Mr. J	ames Jone	s 5	307 Bea	ufort	Avenue	
	19.	(2)			_	CAUSE OF DEA					A	PPROXIMATE INTERVAL	
		LEADING T				(A)IMMEDIATE		nt ra ven o u	s narc	otism	BETV	WEEN ONSET AND DEATH	
	heart loilure	, asthenio, et	e mode of dy ic. It means the ilch coused de	disease,		DUE TO, OR	AS A CONSEQ	UENCE OF:					
2	DISEASES O	ABOVE CA	TONS, IF ANY	r, GIVING		(8) DUE 10, OR	AS A CONSE	QUENCE OF:					
CERTIFICATION	TO THE DEA	ATH BUT NO	II ONDITIONS CO T RELATED TO N GIVEN IN P	THE TERM	MINAL								
E		Contract of the Contract of th				WHICH OPERATION W	AS PERFORM	IFD			21. AUTC	PSY? (Yes or No)	
빵	DAIL O	OI EKATIO	11 2001 (0)	TO INC.	I OK I	MILLION EKAMON W	TEN ORMED					YES	
닏	22A, EXTER	NIAL CALLE	14/46		1000 D	LACE OF INVIDE	1 1 1 2	OC WHERE DID	/0 + D lu -	Ch. L.			
EDIC	UNDERLYING UTING CA		TRIB-		hom e,	LACE OF INJURY (e.g., farm, loctory, street, office	e bidg., etc.)	NUURY OCCUR?	(ii tu bainm	ore City, give e	acr location)		
Σ	OF INJURY		(Doy) (Yea	r) (Hou		E.INJURY OCCURRED	WHILE2	2F. HOW DID IN	JURY OCC	:UR?	100		
	(APPROX.)				m. W	ORK AT Y	ORK						
		Ify that I	held on I	ngulry		Inspection Au	topsXX	and that an	his basis	, death in my	apinion		
			Notural cau			cident Suicid		micide [Ined manner			
)		(A)		CHIEF MEDICAL					
	ACTUAL		1	M	1	Caho M.				□kx		DATE SIGNED	
	SIGNAT	URE	W	Tall	uel	M.E) a	STANT MEDICAL		Lkx			
	EXAMIN	/					ASSC	CIATE MEDICAL	EXAMINER				
-	NAME (1		Isidore	Mih	alai	kis M.D.	CD C C C C C C C C C C	and In	100175	. /=	4/12		
	A. BURIAL CREA	fy)	248. DATE	70	240	NAME of CEMETERY			LOCATION		n, or county		
_	Buria		4-17-			Baltimore Na			Balt	imore, M	arylan	d	
25	A. DATE REC'D	R 15 T	970 P			of registrar		RTON & DY	OR		ADDRESS	ens Street	
VS	151-REV. 1/1/6	3											



and eath ased the Such	BIRTH NO. 70 3977 CERTIFICATE OF DEATH REG. NO. 70 3977.
	1. NAME OF DECEASED (Type of Print) WILLIAMS, Eprain NMI (Ephriam) 2. Date and Hour of Death 12 APRIL 1970 4:00 A
in a hospi ng cause o cause; (5) D attendance ior to deat	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF ADDRESS OR LOCATION! HOSPITAL OR ADDRESS OR LOCATION! WETERANS ADMINISTRATION HOSPITAL 3900 LOCH RAVEN BOULEVARD BALTIMORE, MARYLAND 21218 4. USUAL RESIDENCE (Where decoased lived, It institution to idence before odmission) A. STATE WARYLAND BALTIMORE CITY / 5 0 3 C. CITY OR TOWN BALTIMORE E. STREET AND NUMBER
occurr rmine egula ased	5. SEX 6. RACE NEGROID NEVER MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In years lost birthday) NEGROID NEVER MARRIED NEGROID NEVER MARRIED NEVER MARRIE
death or c Undet us in dec	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (State or foreign country) PORTER 12. CITIZEN OF WHAT COUNTRY EYESVILIE, VIRGINIA 13. FATHER'S NAME
direct direct direct th we dispo	SAM WILLIAMS FANNIE WATSON.
ssistant the dir the dir kind; death ince on final dir	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Ill yes, give war or doles of service) YES 12-7-17 TO 12-7-19 16. SOCIAL SECURITY NO. 217-52-6028 3900 LOCH RAVEN BLVD, BALTO, MD 21218
caminer or his assistant aminer. Also, if the dir A fracture of any kind; (who pronounced death regular attendance on eembalmed or final dis	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., heart foilure, osthenia, etc., it means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF:
dical exacted	DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoling the UNDERLYING CONDITION tost. O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DIABETES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: (C) DIABETES OR CONDITIONS CONTRIBUTING DIABETES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: O DIFFER SIGNIFICANT CONDITIONS CONTRIBUTING Diabetes mellitus
VER nody ody he p	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OF OPERATION 1798. CONDITION FOR WHICH OPERATION WAS PERFORMED VALUE OF OPERATION 1798. CONDITION FOR WHICH OPERATION 1794. CONDITION 1798. CONDITION OF THE PROPERTY OF
y th tail No No	OR CONTRIBUTING CAUSE OF home, form, loctory, street, office bidg. INJURY OCCUR?
hos naturept d (6)	21D-TIME (Month) (Doy) (Yeoi) (Hauil 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work
of any of any tal (ex th); ar	22. I certify that (\$\frac{1}{10}\$ (this hospital) attended the deceased from 9 APRII. 19 50 to 12 APRII. 19 70 that (\$\frac{1}{10}\$) (our) opinion death accurred an the date
must be eleased ccident a hospit to deat	and hour ond from the causes stoted obove. (#) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE Attending Med. Director Phys. 23B. DATE SIGNED April 13, 1970
0 0 0	YOUNG E. CHUN, M.D. 23D. ADDRESS 3900 LOCH RAVEN BLVD
Sod Vs: (D.O D.O	24A, BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY of CREMATORY 21218 (City, town, or county) (Stole) **XXXXXXXX Burial 4-15-70 Baltimore Nat Cem. Baltimore, Maryland 25A, DATA 120 BY HELLY DEFT, 7 24B, MARK OF REGISTRAS 25C, FUNERAL DIRECTOR ADDRESS
This the show was dece	25A. DATA DEPT 288 MARK O REGISTAL 25C. FUNERAL DIRECTOR ADDRESS WORTON & DYETT F.H. 1701 Laurens Street



VS 150-REV. 1/1/68



N-330	BIRTH NO. 70 3979 CERTIFICATE OF DEATH REG. NO. 70 3979
and leath ased the Such	BIRTH NO.
-005	(Type of Print) / ESSIE WO TTEN 4/10/70 1 0320
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased fived, II institutions residence below admission)
d 8 (5) P b	HOSPITAL OR ADDRESS OR LOCATIONI ADDRESS OR LOCATIONI OF THE NOTION OF ADDRESS OR LOCATIONI OF THE NAME OF ADDRESS OR LOCATIONI
in a ng cause; attend	D. INSIDE CIT LIMITS!
T.= L.	E. STREET AND NUMBER
ibut ined ined d p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years il Under 1 Yr. il Under 24 Hrs.
ntr ntr eguese ase	WIDOWED DIVORCED 10/26/2/ lost birthdoy) OL Months; Doys Hours Mine
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
if dea to Unc was the d	13. FATHER'S NAME U.S. A.
F	MITE DI
AN stant ind; ind; eath aldi	15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT
RTA ssista the the dea nce final	NO. 1237-36-2494 Mr. Sam Wooten 763 Edge word St
s a sandada	CAUSE OF DEATH, / . APPROXIMATE INTERVAL
or hison Alson noun after med	LEADING TO DEATH
0 7 2 2 0 5	(This does not mean the mode of dying, e.g., heart (cilure, asthenia, etc. It means the disease,
CTOR camine aminer A fracti vho pr regula	ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES
X X A X A X A X A X A X A X A X A X A X	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSCIUENCE OF
DIRECTOR: cal examiner. s; (3) A fractular who profis in regular	inse to the above cause (A) stating the UNDERLYING CONDITION last. (c) Fost Clipping Condition
	Z
ERA ef med dy bu gy phy cian	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIDISEASE OR CONDITION GIVEN IN PART 1 (a),
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTORSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
FUN he ch by (2) Bo re th phys	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e-gain of obout 21C. WHERE DID home, form, foctory, street, office bldg., [INJURY OCCUR?] [If in Baltimore City, give exect location]
tal tal her bef	DEATH (notify medical examiner) etc.)
hospi hospi nature ept w d (6) r	OF INJURY (Monthi (Doyl (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At The New While Company of the World of the New While Company of the New York of
0 0 0 0	Work At Work
0 + 10 0	22. I certify that (I) (this haspital) attended the deceased from 19 70 to 9 10 70 19 that (I) (we) last saw the deceased alive on 19 70 19 and that in (my) (our) applian death accurred as the data
d to	and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.
inst be appeared to ident of hospital (hospital or death);	23A. SIGNATURE 23B. DATE SIGNED
- V	DEGREE Phys. Med. Staff
rificate m y was rel 1) An acci 1.A. at a d prior to	23 C. PHYSICIAN'S NAME ITYPE! 23D. ADDRESS 23D. ADDRESS
certificat body was vs. (1) An D.O.A. at assed pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
bod vs: Vs: D.C	Burial 4/14/70 H. Calvary Bapt. Ch. Com. Laveens ile
This certi the body shaws: (1) was D.O. deceased	ADD 1 5 1070 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
- 4 N > U >	VS 150-REV. 17/68 P. V. 17/68

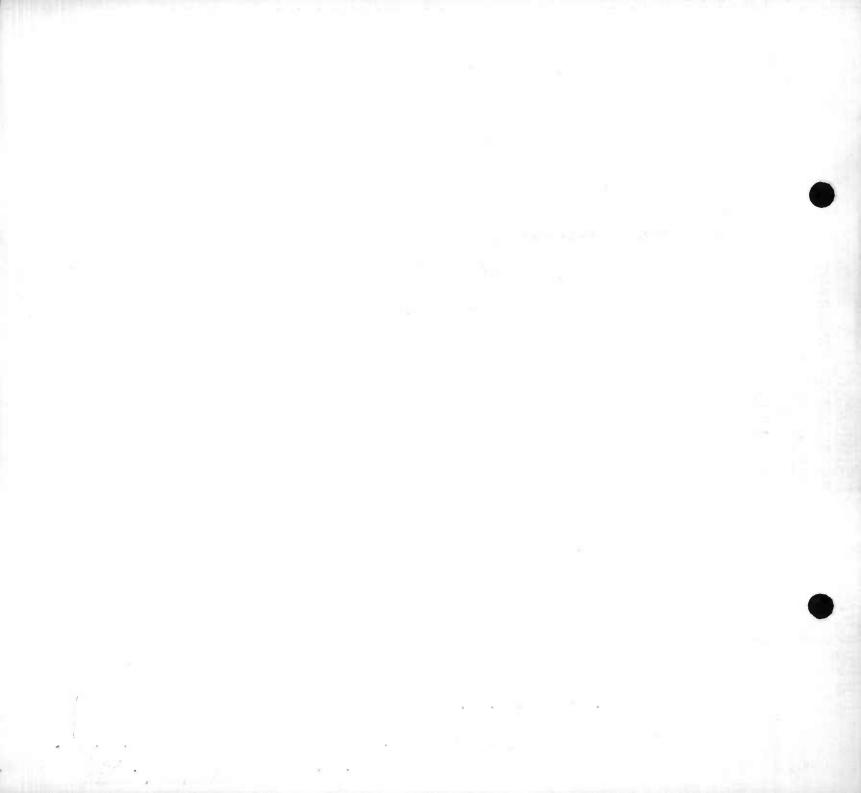




	CIC	2024		HEALTH DEPARTME		70 39	81
BIRTH NO.	70	3981	CERTIFICA	TE OF DEA	TH KEG. NO	,0 ,0	0.2
1. NAME OF DE (Type or Print)	Walter	C. Evan		2, 0/	4/13/1970	2.28	P
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENC	E (Where deceased lived, If	institution; residence b	efore odmission
FULL NAME OF HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUTI	ON, GIVE STREET	Maryland c. City OR TOWN		SIDE CITY LIMITS?	17
71	Baltimore Ci	ty Hospit	als	Baltimore		-	
21	4940 Eastern	Avenue		E. STREET AND NUM	BER		
	Baltimore, Ma	ryland 21	224	2301 Koko	Lane	21216	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. H	Under 24 Hrs.
Male	Negro	WIDOWED	DIVORCED	10-20-26	lost birthdoyl 43	Months Days H	ours Min.
IOA. USUAL OC	CUPATION (Give kind of world	108. KIND OF BU		11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF W	HAT COUNTRY
The state of the s	f working life, even if retired)						
Postal 13. FATHER'S NA		<u> </u>		North Caro		U.	S.A.
Transfer 3 IV	Walter E	1205		MOINER'S MAIDE	Vashti	Evara	
					VasiitL	Evans	
15. Was Deceose (Yes, no or unknow	d Ever in U. S. Armed For	ces? 16	SECURITY NO.	17. INFORMANT		ADDRESS	
Yes	2/3/45 8/3/		+3-30-2662	Records: BCH-	-4940 Eastern A	venue 212	24
18.			CAUSE OF DEAT				AATE INTERVAL
DISS	ASE OR CONDITION DI	ACON N	Ola	. 0 -		BETWEEN O	NSET AND DEATH
DISEA	LEADING TO DEATH	KECILY	-	ti de la comercia	and the same of th		n
(This does	nal meen the made of	dying, e.g.,	(A) IMMEDIATE CA	A CONSEQUENCE OF:	liceman	100	Xaup
heart foilure	, oslhenia, etc. Il means mplication which caused	the disease,	DOL 10, OK AS	A CONSEQUENCE OF:		1	1
1.110.7 01 00	ANTECEDENT CAUSES		01.			20	0
			(B) 1	rolluras		52	days
	OR CONDITIONS, if he above cause (A)		DUE TO, OR A	A CONSEQUENCE OF:	1 0	- 0	1
	IG CONDITION last.	storing the	10 Laute	Malocis	he lauker	ma 9 n	mor.
	- 11		(),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	—			
O OTHER SIGN	FICANT CONDITIONS CO	NTRIBUTING				ł	
TO THE DEA	TH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	HE TERMINAL	************************		***************************************		********
	F OPERATION 198 CON	DITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE	FINDINGS CONSIDERAUSES OF DEATH?	RED
19A-DATE O	WAS PER	FORMED		YES	IN CERTIFYING CA	AUSES OF DEATH?	Yes
U 21A. ACCIDI	ENT WAS UNDERLYING	218. PL	ACE OF INJURY (e.g.,	n or obout 21C. WHERE	DID (If In Boltime	oro City, give exoct loca	tion)
DEATH (notif	y medical examined	home,	form, foctory, street, o	meo bidg. INJURY OCC	U R?		
D 21D. TIME	(Monthl (Doy) (Year	(Hour) 21E, IN	JURY OCCURRED	255 44044			
S OF INJURY	Triumini (Doy) (1eon	While			ID INJURY OCCUR?		
(APPROX)		Work	At Work				
22. 1 certify	y that (this haspital) attended the	leceased from Ji	NUARY 19	1; 70, to 15	Anil	19.70
) lost saw the decease		3 Amil	1970	and that in (my) (our) ap	Inlan death accurre	
					· Lan	on death accure	dit ine date
23A. SIGNAT	nd from the causes stat	en apove. 41 (1	e, (ala) (ala het)	new the bady after d	eath.		
1	-001	1 00 1	1 HD AM	nding Med.	C SMI W	23B. DATE SIGNED	0
da	mel (d	tadlock	DEGREE Phy		Shaff Phys.	134mi	1 1970
23C. PHYSICI	AN'S Typel	1		23D. ADDRESS Balt	imore City Ho	pitals 4940	Easter
DAN	IEL (-	HADLO	CKMD	303 Oa	Kdale	oad Sas	719.
24A. BURIAL CR	EMATION, 248. DATE	24C. NAM	of CEMETERY OF CR	MATORY	24D. LOCATION (C	ily, town, or countyl	(Stotel
Buria		70 0	lto Natl1 (
	D BY HEALTH DEPT.	25B, NAME OF	lto. Nat'l (Baltimore,	Marylan	
A DI	0 1 5 1070		C -	25C. FUNERAL DIR	()	ADDRE	
HP	1 T D 12/0 188	es E. Jal	en MB	MORTON & D	YETT F.H. 170) Laurens S	treet
150-REV. 1/1.	/68						



VS 150-REV. 1/1/68



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VS 150-REV. 1/1/6B

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-	7 (50)	\0. 0	BALTIMORE CITY	HEALTH DEPARTMEN		70 3983
	H NO.	383	CERTIFICA	TE OF DEAT		
	AME OF DECEASED or Print) LOU:	IS: GUARINO			RIL, ILth 1970	
	LACE IN BALTIMORE, MARYLAND, W				Where deceased lived.	If institution; residence before odmiss
HO	L NAME OF (IF NOT IN HOSPIT SPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION ATION)	, GIVE STREET	C. CITY OR TOWN		INSIDE CITY LIMITS? YES MO NO
0	O hole S. EXETER	Q ጥ		E. STREET AND NUMB	ER	YES # NO .
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s. s	M 6. RACE W.	WIDOWED W	DIVORCED	2/4/84	9. AGE (In years lost birthday)	If Under 1 Yr. tf Under 24 Months Doys Hours Min
	USUAL OCCUPATION Give kind of work	108. KIND OF BUSI	NESS OR INDUSTRY	11, BIRTHPLACE (Stote o	r foreign country)	12, CITIZEN OF WHAT COUN
	during most of working life, even if retired)			ITALY		ITALY
3.	A POR ER ATHER'S NAME	BALTO. 1	FRANSIT.	14. MOTHER'S MAIDEN	INAME	
	ANTONIO GUARINO			2		
s. V	Vas Deceased Ever in U. S. Armed For		OCIAL	17. INFORMANT		ADDRESS
Yes	NO (If yes, give wor or dote		3-05-9422	MR. ANTHONY	GUARINO LOL S	. EXETER ST
NO	LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. it means injury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost.	the disease, death,) ony, giving stating the	DUE 10, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF:		mhige
ATIC	TO THE DEATH BUT NOT RELATED TO T	HE TERMINAL		Too A	ht il oop in which	
ERTIFIC	19A. DATE OF OPERATION 19B. CON WAS PER	FORMED	H OPERATION	20A. AUTOPSY? (Yes		CAUSES OF DEATH?
0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inolify medical examines	21 B. PLAC home, for etc.)	CE OF INJURY (e.g., i m, foctory, street, of	n or about 21C. WHERE D	ID (If in Bolti	imore City, give exoct focotion)
0	21D.TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	(Hour) 21E, INJU While At Work	RY OCCURRED Not Whill At Work	e	NJURY OCCUR?	
	22. I certify that (I) (this hospital that (I) (we) last saw the decease				19 7 6 to	opinion death accurred on the
	and haur and fram the causes sta	red abave. (I) (We	did) (did not)	riew the bady after de	ath.	
	23A. SIGNATURE Tuelit on	- Tones	Atte Phy	ending Med.	Staff Phys.	April 14, 190
	23C.PHYSICIAN'S NAME (Type)		D.C. O. HELL	23D. ADDRESS	,.	1,1,1,1
	DR. MILITO M.		DEGREE	LAT S. ELI	WOOD ST.	
24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME	of CEMETERY of CR	EMATORY 24	D. LOCATION	(City, town, or county) (State
	BURIAL 4/17/70	H OLY F	REDEEMER	F	BALTO, Md.	

250 NAME OF THE STRAR

BALTO. ADDRESS 25C PUNERAL DIRECTOR 322 S. HIGH

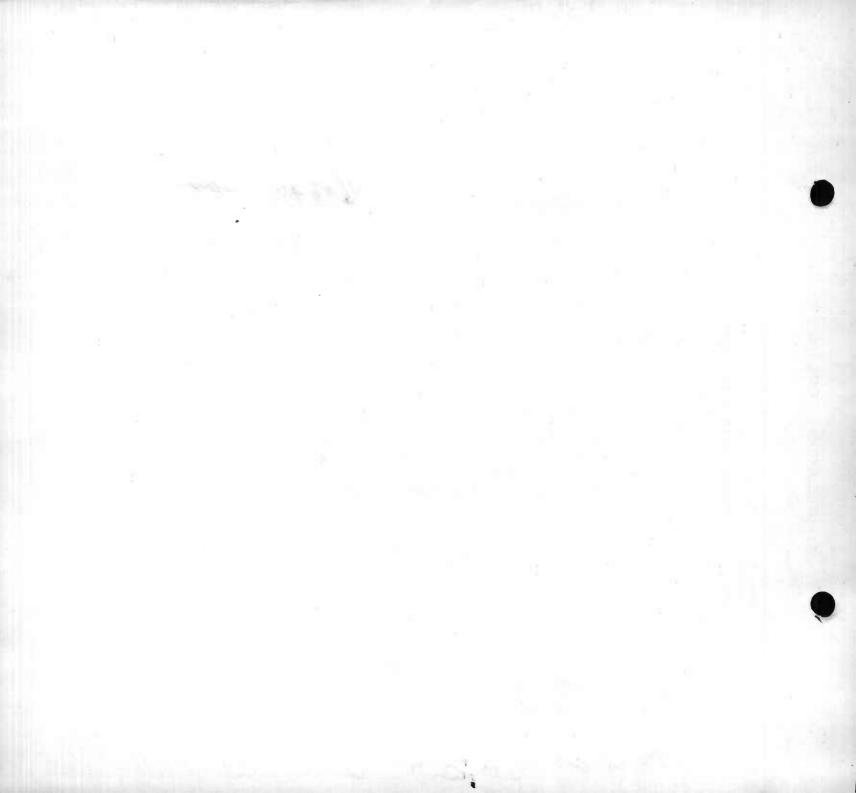
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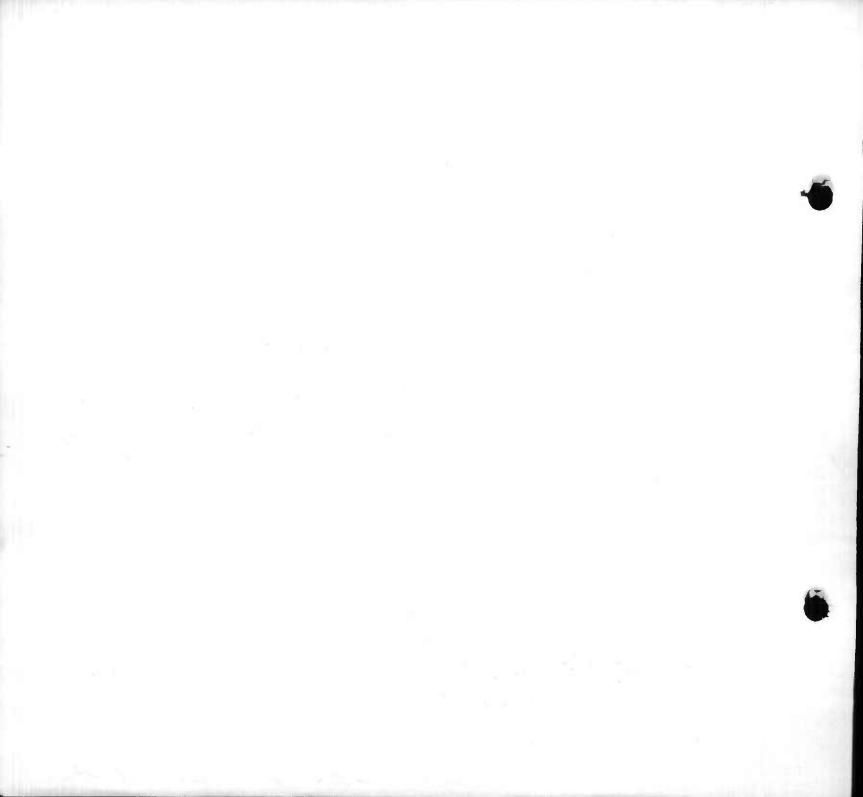
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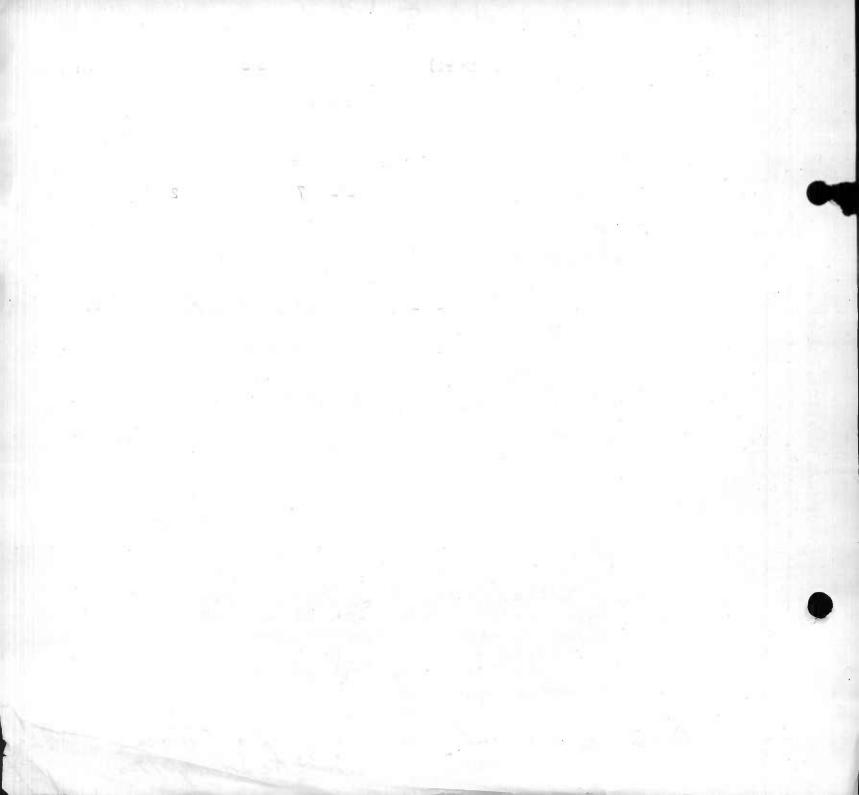
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	of d of d Dece on ath.	3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNC	CED DEAD	4. USUAL RES	B. COUNTY			nce before admission)
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	caus se; (ser	HC IN:	SPITAL OR	(IF NOT IN HOSPIT			C. CITY OR TO	/	D. 1N	ISIDE CITY LIMITS	
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	P.E. 0 B.E.	1	38	,			919	A	lington	1	
	L D 0 7 7	S. S	SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BI	9TH 9.	AGE (In years	If Under 1 Y Months: Doy	r. If Under 24 Hrs. s Hours Min,
			9	//	WIDOWED	DIVORCED	4/2/	909	61		
	con leter in re ecea on is			UPATION (Give kind of work working life, even if retired)	10B, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHALAC	El(State or foreign	country)		OF WHAT COUNTRY?
	rect or c (4) Under was in the decisposition		Uni	₹.				114		U.	S. A.
	f d	13.	FATHER'S NA	ME			14. MOTHER'S	MAIDEN NAME			
=	22 4 5 7			UnK.				Unk	£		
IMPORTAN	a a a a a a a a a a a a a a a a a a a			Ever in U. S. Armed For (If yes, give wor or dote	s of service)	SOCIAL SECURITY NO.	17. INFORMAN	/ / /			DRESS
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0	s a sany any ced	1	18. 4/ S	SE OR CONDITION DI	TC TIV	CAUSE OF DEAT	п				EEN ONSET AND DEATH
₹	Also Also noun atter		DISEA	LEADING TO DEATH	RECILI	(A) IMMEDIATE CAL	ISE Parkah	1. Prinna	u Antu	4 Occhsi	n
				not meon the made af asthenia, etc. It meons			A CONSEQUENC	CE OF:	7	£	
OR:	e e c de la	ı	injury ar can	nplication which caused							
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M	S) A		rise to the	OR CONDITIONS, if e obave couse (A)		DOE TO, OK AS	A CONSEQUEN	CE OF:			
DIRECTOR:	ins ins		UNDERLYING	G CONDITION last.		(c)					
	dical urns; /sicia was main	Z	OTHER SIGNIF	II FICANT CONDITIONS CO	NTRIBUTING		CUA				
A A	f me med y bu phy ian	ATIO	TO THE DEAT	H BUT NOT RELATED TO T	HE TERMINAL T 1 (A).						
UNERAL	a ody	RTIFIC	19A. DATE OF	OPERATION 198. CON	DITION FOR WHI	CH OPERATION	20 A. AUTO	PSY? (Yes or No)	208. IF YES, WER	E FINDINGS CON	H?
5	by by (!) B	CER	21 A. ACCIDE	NT WAS UNDERLYING	21 B. PL.	ACE OF INJURY (e.g.,	in or obout 21 C.	WHERE DID	(If in Boltin	nore City, give exo	ct location
	tal be; (2)	A.		UTING CAUSE OF medical examiner	home, etc.)	form, foctory, street, o	ffice bldg., tNJU	RY OCCUR?		3	the same
4	9.5 3 70	EDIC	21 D. TIME OF INJURY	(Month), (Doy) (Year)	(Hour) , 21,E, IN	JURY OCCURRED	21 F. I	HOW DID INJUI	Y OCCUR?	**	
	hosi natu d (6)	172	(APPROX.)		While Work	At Work					
	brax y	1	22. I certify	that My (this haspital) attended the	deceased fram	11/16	19	68 ta	3/4	19.70.
	0 0 0		that (we)	last saw the decease	ed alive an	3/4	19.20	and that	in (64) (aur) a	pinian death ac	ccurred an the date
	t be a sed to int of spital eath)			d fram the causes sta	ted abave. (1)	(did) (did Hory	view the bady	after death.			
	death death death must k		23A. SIGNATU	JRE /	/ A	Att	ending [Med.	raff	23B. DATE SI	SNED
	ele cciccio		Brund	1 Tuden or	my M	DEGREE Phy	rs.		ıys.	7/5	110
	as r as r ior		PHYSICIA NAME ()	ype)	//		23D. ADDRESS	-1		/	
	P P P P P	247	A. BURIAL CRE	MATION, 24B. DATE	24C. NAM	DEGREE E of CEMETERY of CR	EMATORY	24D. LO	CATION	(City, town, or co	untyA A (State)
	ody Sed	X	REMOVAL (Specify) 4/9/	20 111	14.	0	25	01.	W	la L
		25/	A. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNE	RAL DIRECTOR	1. more	MATO	ADDRESS A
	This the bashow was dece	1	APE		es E. Jack	Sey M.D.	In	in of	unoll 1	7/2 W.	North AR
		VS	150-REV. 1/1/	68			-	- /		7	

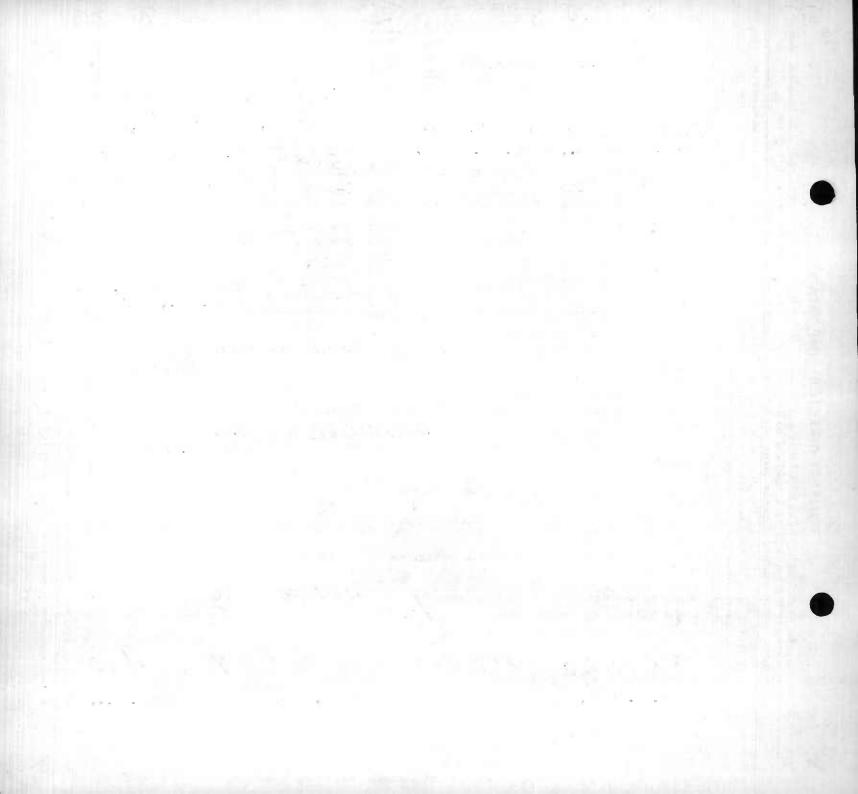


-400	BALTIMORE CITY HEALTH DEPARTMENT
of death of death Deceased e on the	BIRTH NO. 70 3985 CERTIFICATE OF DEATH REG. NO. 70 3985
deat deat ease on the	1. NAME OF DECEASED (Type or Pent) 2. DATE AND HOUR OF DEATH
- 0 0 c .	RICHARD CHILES MAR 29 197 1150 P.
# 6 Do 2:	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
500	A JAME B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
in a he cause; (satenda attenda	INSIDE CITY LIMITS?
E 2 2 1 2	BALTMORE YES NO
B. C. B. C.	BRUNIVERSITY HOSPITAL E. STREET AND NUMBER
de de de	340 W. DARREE ST
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lest birthday) Months; Doys Hours; Min.
octu ontrik ermir regul is ma	M WIDOWED DIVORCED Sept 25-1920 Hours Min.
	10A. USUAL OCCUPATION (Give kind of work) OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of Grains county)
on on the	done during most of working life, even if relired)
E S D E	UNEMALOYED
if describing was	13. FATHER'S NAME
F = 56.5 > ± d	JOHN CHILES ANNA DERNY
Z tig the B	IS We Down I Bull I CATTO
AN stantind; eath	(Tes, no or unknown)[Uf yes, give wor or doles of service) SECURITY NO.
RT/ ssist the the the de de fina	UNKNOWN
0 34 500	18. APPROXIMATE INTERVAL
or his of an ounce ounce ned ou	
2 0 3 - 0	TEADING TO DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
ner eer. Ictur pron	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)
OR inerract	
F E C - 0 0 0	ANTECEDENT CAUSES (B) Cerrhoseis (Laenners) Syears.
X A A A P	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF
S TOOL TE	underlying condition last. (c) Cherus Allohalem
- B - B - C	CO CACALLA CONDITION ICS.
AL DI nedica edical burns; nysicia n was	Z OTHER SIGNIFICANT CONTRIBUTION
A E P	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN THE TERMINAL The Death But not related to the terminal DISEASE OR CONDITION GIVEN IN THE TERMINAL DISEASE OF CONDITION TO THE TERMINAL TO THE TERMINAL TO
ま キャンロック	DISEASE OR CONDITION GIVEN IN PART 1 [A).
N hie hie he he rsic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
2 0 2 - 2 5	au Company
	OR CONTRIBUTING CAUSE OF In the contribution of the contributi
No of o	G DEATH Inoity medical examiner etc.)
-0 0 = 5 m	OF INJURY OF INJ
9 5 8 5 5	I APPROXI
prove the h ny nc excep and	
th the space	22. I certify that (1) (this hospital) attended the deceosed from March 29 19 20 to March 29 19 20
000000	that (1) (we) last sow the deceased alive an Mend of 19 20 and that in (my) (aur) opinion death occurred on the date
ust be a passed to dent of lospital death)	and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death.
dent dent dent dea dea must	73A SIGMATURE
	238, DATE SIGNED
E de	28C. PHYSICIAN'S Attending Med. Director Phys. HARCH 39, 49 72
was r An at Prior	28C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
Vas Vas An Pro	RONALD S. POTOTSKY M.D. UNIVERSAU HOSP BAID HOSP
E COATE	24A. BURIAL CREMATION, 24B. DATE 24C, NAME OF CREMATORY 24D. LOCATION (City, lown, or country) (Stote)
F6.00 =	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) (Stole)
20 20 00	4/16/20 Down W. Calvery 1 Glas Rome 116
This certificate m the body was rel shows: (1) An acci was D.O.A. at a deceased prior to written approval	APR 15 1970 Pare & S. Jacker M.D. 256. NAME OF REGISTRAR 250. PUNERAL DIRECTOR APORESS
★中本 から ≯	APKID 19/0 Valley E. Valley M.D.
	VS 150-REV. 1/1/68



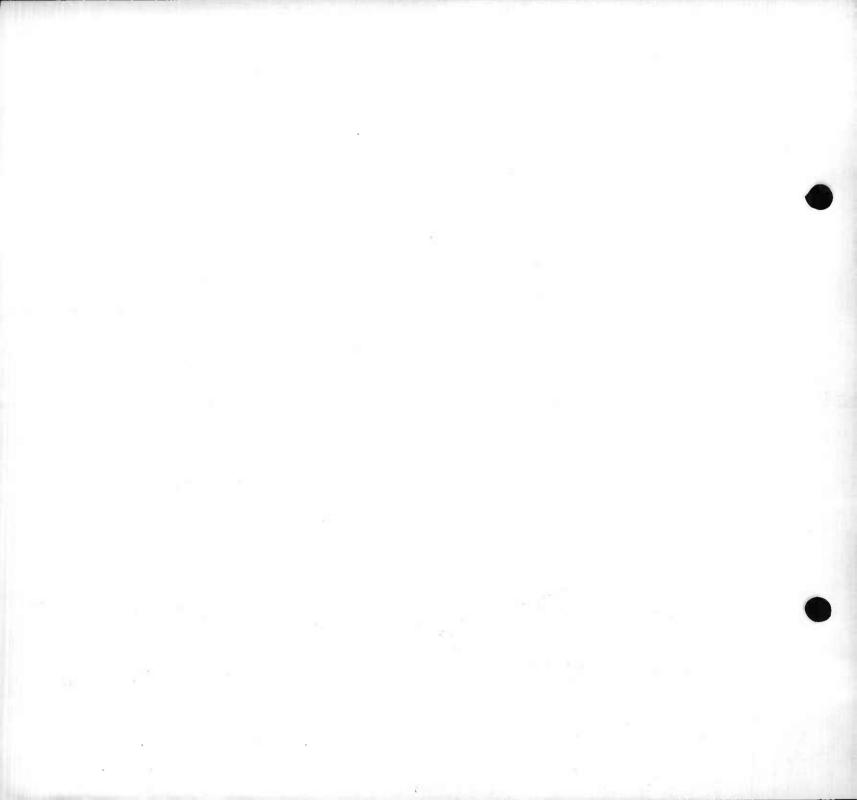


	7–26	1/175 70 2007 BALTIMORE CITY HEALTH DEPARTMENT	
dj	7 5 7 0 5	H-125 70 3987 CERTIFICATE OF DEATH REG. NO. 70 3987	
	death death ceased on the	1. NAME OF DECEASED (Type or Print) THELMA HOPKINS 2. DATE AND HOUR OF DEATH 4-10-10 12 12	Ø M.
	of Obec e o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where docoosed lived. If institution: residence before edmi	issian)
	a hospita cause of se; (5) Dec endance o to death.	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?	08
		BALTIMORE CITY HOSPITAL. Baltimore, YES NO DE STREET AND NUMBER	
	uting ed cau ar att prior de.	4940 Eastern Ave., Balto. Md., 21224 3725 MT. PKEASANT 21224	
	ntrib rmin egul ased s ma	Female White WIDOWED DIVORCED 9-5-09	Min.
	ath condete in r	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) unemployed Maryland US	JNTRY?
	de de sit	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
=	lirectification (4) (4) h which the disposition the dispositio	Henry Meyer Ellen	
UNERAL DIRECTOR: IMPORTAN	the chind deat deat final chinal	15. Wos Deceosed Ever in U. S. Armed Forces? (Yos, no or unknown) (II yes, give wor or dotes of service) No 16. SOCIAL SECURITY NO. BCH Records: 4940 Eastern Ave. Balto. Md., 21224	
	niner or his as iner. Also, if racture of any pronounced gular attenda embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH (A) IMMEDIATE CAUSE CARDIORES PIRATORY DUE TO, OR AS A CONSEQUENCE OF: ARREST APPROXIMATE INTER SETWEEN ONSET AND DUE TO, OR AS A CONSEQUENCE OF: ARREST	
	dical examins; (3) A (sician wheat	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION last. (C) APTELIOSCLEROTIC CARDIOVASCO ~209	Ksi
	hief med a medi 30dy bur the phys	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yos or No.) 19B. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? YE	ES
5	tal by ;; (2) I here t do ph)	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID homo, lorm, factory, stroot, affice bidg., INJURY OCCUR? DEATH (notify modical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID homo, lorm, factory, stroot, affice bidg., INJURY OCCUR?	
	hospinature ept w d (6) n	21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) White At Not White At Work Not White At Work	
•	a appro of any of any al (exc th); an	22. I certify that (I) this haspital) attended the deceased fram 19 70 to 19 that (I) (We) last saw the deceased alive an 19 70 and that it (My) (aur) opinion death accurred an that and haur and fram the causes stated above (I) (We) (did) (did not) view the bady after death.	70, ne date
	ased dent ospit	23A. SIGNATURE	
	a to	Attending Med. Stoff Director Phys. 230-PHYSICIAN'S 123D. ADDRESS 1940 Factors Ave	
	was r An a prior	R. K. Maza, MD Balto. City Hospitals Balto. MD. 21224	
	# xEGP B		tate)
	This cer the bod shows: was D.C decease	APR 15 1970 Live C. Jacob Registrar 250 FUNERAL DIRECTOR ADDRESS G. 77. Zannin 265 S. Corhler	-,'11
		VS 150-REV. 1/1/68	1

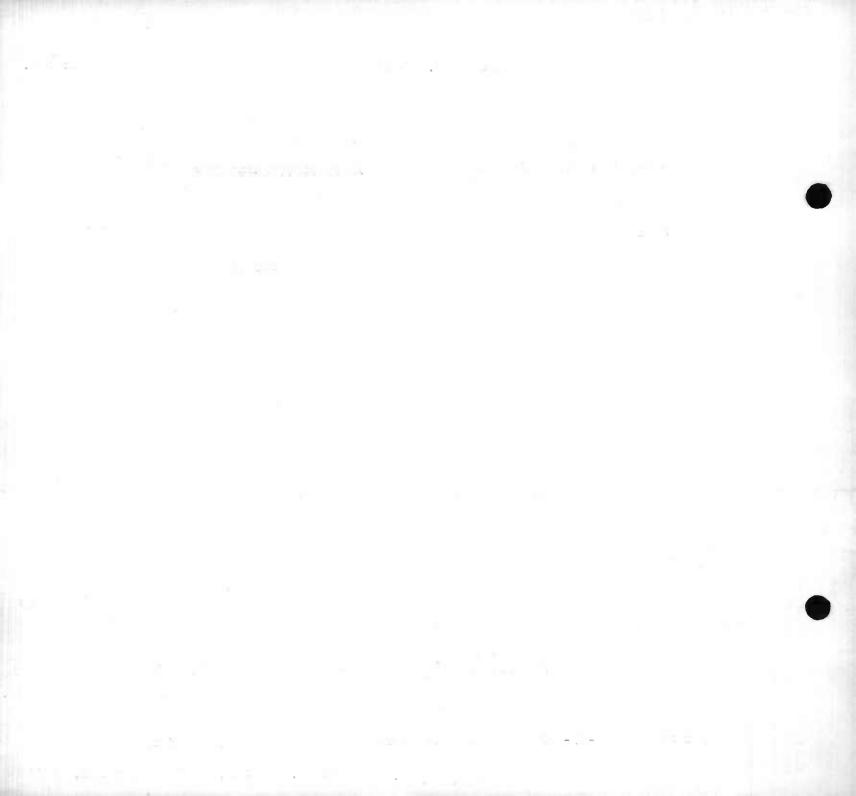


MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. NAME OF DECEASED J.
BIRTH NC. 1. NAME OF DECEASED (Iype or Print) JETHRO BENJAMEN 2. DATE OF Corporation of Corp
(Type or Print) JETHRO BENJAMEN OF DEATH EstImoted 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Yeor Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year Hour
HOSPITAL ADDRESS OR LOCATION) 4 13 1970 12:45 A
OR INSTITUTION 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
Maryland General Hospital A. STATE Md. B. COUNTY 2643
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED □ DIVORCED □ Balto. YES ₺ NO □
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER
9/13/04 lost birthdoy) Months Doys Hours Min. 3505 Elmley Avenue
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF 13. FATHER'S NAME
Penna. WHAT COUNTRY? Jethro Benjamin
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working lile, even if retired)
Mechanic U.S.Post Office Amanda Ireman
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ((I) yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS
no 213-10-0020 Hilda Zurll Benjamin, wife, above
19. CAUSE OF DEATH APPROXIMATE INTERV BETWEEN ONSET AND DI
DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease
LEADING TO DEATH (A)IMMEDIATE CAUSE
(This does not mean the mode of dying, e.g., heart foilure, oshenila, etc. It means the disease, injury or complication which coused death.)
mary of compared on which courses agoin,
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LÁST. (C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE TERMINAL
DISEASE OR CONDITION GIVEN IN PART 1 (A).
20A. DATE OF OPERATION 120B. CONDITION FOR WHICH OPERATION WAS PERFORMED
(C) (I) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No
1706
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (If In Boltimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR?
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, ollice bldg., etc.) INJURY OCCUR? 22C. TIME (Month) (Dov) (Year) (Hour) (22E.INJURY OCCURED) 22E. HOW DID INJURY OCCURED
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURED. OF INJURY (APPROX) WHILE AT NOT WHILE TO
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 23. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR? WHILE AT WORK NOT WHILE AT WORK WORK AT WORK
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURED. OF INJURY (APPROX.) MHILE AT WORK AT WORK and that on this basis, death in my opinion 1 certify that I held an Inquiry Inspection Autopsy & and that on this basis, death in my opinion
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 23. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR? WHILE AT WORK NOT WHILE AT WORK WORK AT WORK
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURED. OF INJURY (APPROX.) MHILE AT WORK AT WORK 1 certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Notural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER
222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 1 certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Noturol causes Accident Suicide Homicide Undetermined manner
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 23. 1 certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Noturol causes Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) Home, form, foctory, street, ollice bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? Autopsy and that on this basis, death in my opinion resulted from: Noturol causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 23. 1 certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Notural causes Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (Type) Ruseell S. Fisher, M.D. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) WHERE DID (If in Boltimore City, give exact location) 22F. HOW DID INJURY OCCUR?
222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 222D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 23. 1 certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Notural causes Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSe11 S. Fisher, M.D. 22B. PLACE OF fNJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 4-13-70 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lown, or county) (Stote)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF finjury (e.g., in or obout 100 (if in Boltimore City, give exoct location) 22C. WHERE DID (if in Boltimore City, give exoct location) 22D. Time (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED WHILE AT WORK 22F. HOW DID INJURY OCCUR? 22F
222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 222D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 23. I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Notural causes Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSell S. Fisher, M.D. 222B. PLACE OF fNJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, ollice bldg., etc.) INJURY OCCUR? 224F. HOW DID INJURY OCCUR? 225F. HOW DID INJURY OCCUR? CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER 4-13-70 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)

BIR	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 70 3989
1. N (Ty	AME OF DECEASED O OF Print! PAZDERA, WILLIAM FRANK 2. DATE AND HOUR OF DEATH 4/272 18:000
3.	LACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission and an arrangement of the country
FU HC	L NAME OF STATE OF ADDRESS OR LOCATION OF INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
1	DNIVERSITY HOSPITAL BALTO. YES NO
-	BALTIMORE, MD. 5002 CROSSWOOD AUE.
	MONTHS Doys Hours Min.
t0A done	during most of working life, even if retired) 12. CITIZEN OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNT
0	ATHERS NAME Lebo Bros. MD. Baltimore USA
-	ALLOIS PAZDERA KATHERINE (SIDIE
5. Yes	/as Deceased Ever in U. S. Armed Forces? no or unknown [Iff yos, give wor or dotes of sorvice] 16. SOCIAL 17. INFORMANT ADDRESS ADDRESS
_	Anna Koenigsmark Pazdera, wife, above
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenic, etc., it meens the disease, injury or complicotion which coused deoth.) CAUSE OF DEATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH (A) IMMEDIATE CAUSE CARRIAG ARREST DUE TO, OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stating the UNDERLYING CONDITION tost. (B) PULMONARY COLLARSE DUE TO, OR AS A CONSEQUENCE OF: (C) PULLON ARY
A	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). PA-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 198. WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH?
. 10	1A. ACCIDENT WAS UNDERLYING 218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, sheet, office bidg., INJURY OCCUR?
WEDI	1D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work
	2. I certify that (I) this hospital) attended the deceased from 4 4 19 70 to 4 19 70 to 19 70 that (I) (we) as sow the deceased alive on 4 2 19 70 and that in (my) (four) opinion death occurred on the do
,	and hour and from the couses stoted obove. (i) (We) (did) (did not) view the body ofter deoth.
	Attending Med. Staff Director Phys.
	NAME (Type)
]	Burial CREMATION, REMOVAL (Specify) 3urial 4/16/70 Bohemian National Cem. Baltimore, Md. (Stotel
5A.	APR 15 1970 P. J. E. Jaber A. S. Schimunek Funeral Home, Inc. 25c. Funeral Director Schimunek Funeral Home, Inc. 3331 Brehms Lane

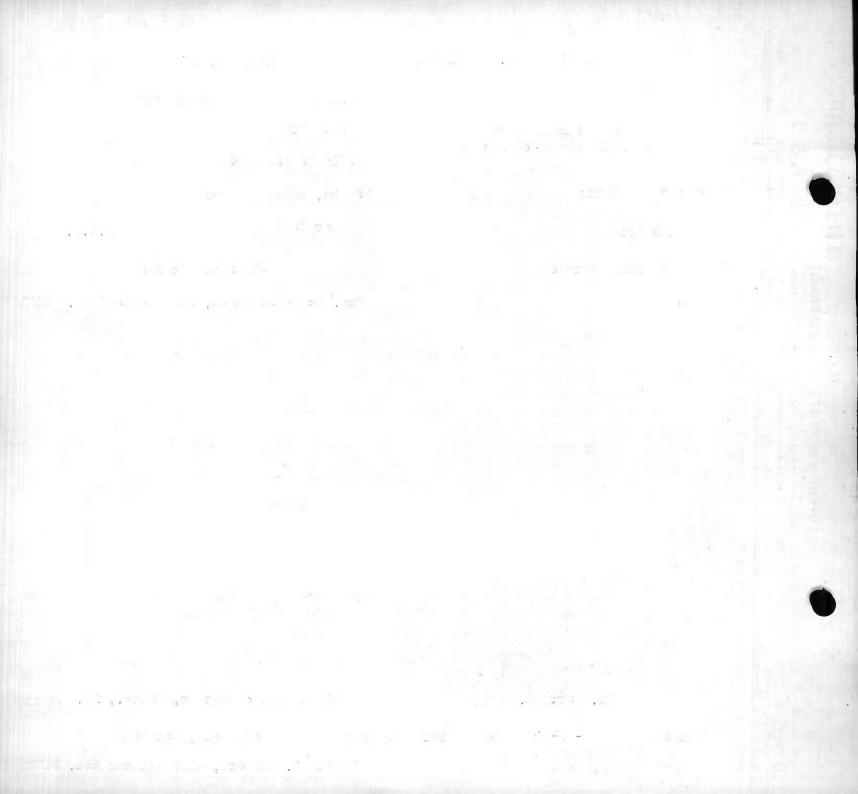


d	BALTIMORE CIT	TY HEALTH DEPARTMENT
	- 1 900 000	ATE OF DEATH REG. NO. 70 3990
	INAME OF DECEASED	ATE OF DEATH
	(Type of Print) DORIS XXXXXXXX E. JONE	S 2 DATE AND HOPR OF BEATH 5:45, A.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; tosidence before admission A. STATE B. COUNTY
1	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	New York V-29
	Baltimore City Hospitals	NTD CO
3	4940 Eastern Avenue	E. STREET AND NUMBER
de.	Baltimore, Maryland 21224	12002 R F D 1
mac	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years lost birthday) 47 R F D I 11-6-22 R F D I When the property of the prop
.5	WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY	
disposition	done during most of working life, even if refired) Homemaker	New York 12. CITIZEN OF WHAT COUNT U.S.A.
05	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
isp	Stanley Jones	Willo Merrill
	15. Wes Deceased Ever in U. S. Armed Forces? 16. SOCIAL	
nal	Ites, no or unknown) life yes, give wor or dates of service) SECURITY NO.	4940 Lastern Avenue
r fin	18. CAUSE OF DEAT	BCH: Records Baltimore, Maryland 21224
0	STORY OF BEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	4 1 1 1
alm	(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAL	
pq	heart failure, osthenio, etc. It means the disease, injury ar camplication which coused death.)	A CONSEQUENCE OF:
E	ANTECEDENT CAUSES	I E WE
0		LEWKFEMIA 1-24m
are		S A CONSEQUENCE OF:
remains	UNDERLYING CONDITION lost. (C).	
Jai	11	
9	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	II & IDISEASE OR CONDITION GIVEN IN PART 1 (A).	A
before the	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
for	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	in or about 21 C. WHERE DID (If in Bollimore City, give exact location)
pe	OR CONTRIBUTING CAUSE OF home, form, foctory, sheet, of DEATH (notify medical examine)	ince plog. INJOKT OCCOR!
P	210-TIME (Month) (Doy) (Youl Hour 21E INJURY OCCURRED	21E HOW DID INJURY OCCUR?
ained	(APPROX.) While At Not While	le m
bta		1 h/a 19 A/d
0	22. I certify that (1) (this hospital) attended the deceased from	9/10 19 6/10 4/17 19 7 C
pe	that (I) (we) last saw the deceased alive an	19and that fpr(my) (aur) apinian death accurred on the do
st	ond have and from the causes stated above. (1) (We) (did) (did not) v	riew the bady after death.
must	23A. SIGNATURE	23 B. DATE SIGNED /
-	Phys	ending Med. Staff Winds 7 4/14/7
AC		23D. ADDRESS
approval	Edward D. HAAK Ja MD	1519 E. MONUM ENT STREET BAIT MA
ap	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	
	KEMIOVAE ISPECITY	(21016)
=	I	1000
written	ADR 1 5 1970 REGESTION AND OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	VS 150-REV. 1/1/68	Howard H. Hubbard, 4107 Wilkens Ave. 2122
	13 134-0-10 1/1/00	



FUNERAL DIRECTOR: IMPORTANT

11/10			BALTIMORE CITY	HEALTH DEPARTMENT	X	100	
14-412	70	3991	CERTIFICA	TE OF DEATH	REG. NO.	70 39	91
BIRTH NO.		000%			AND HOUR OF DEAT	u	
Type or Print)	MARY	A.	ALBIKER	Apri	11, 1970	3.	45 P. N
3. PLACE IN BALTIA	MORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO.		institution: residence b	efore admission)
FULL NAME OF	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	Maryland	Baltin	more 5	300
INSTITUTION	Hood Nurgin	a Homo		Halethorpe			· 🛛
	Hood Nursing 5213 Edmonds		nue	E. STREET AND NUMBER			<u> </u>
	RACE	To a		5639 Oakland			7.11-1
			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months Days H	f Under 24 Hrs. ours Min.
Female	White	WIDOWED		May 24, 1884	85		
	ATION (Give kind of work rking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or f	oreign country)	12. CITIZEN OF W	HAT COUNTRY
Housewif				Maryland		U.S.A	1
3. FATHER'S NAME				14. MOTHER'S MAIDEN N	AME	0.00	**
Charl				E	lizabeth We:	isman	
5. Was Deceased Ex Yes, no or unknown) (I	ver in U. S. Armed Far I yes, give war ar date	ces? es of service)	SECURITY NO.	17. INFORMANT		ADDRESS	5
No				Mrs. Leona At	kinson, 5639	Oakland Ro	21227
18. // / /	the I		CAUSE OF DEAT				MATE INTERVAL
NO IT OF THE PEATH OR CONTRIBUTE OF CONTRIBU	mean the made of steening, etc. It means ication which caused NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last. II ANT CONDITION S CO BUT NOT RELATED TO	any, giving stating the NTRIBUTING HE TERMINAL IT I (A). DITION FOR MED	(B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., integration of the property of	A CONSEQUENCE OF: A CONSEQUENCE OF: Leasthy to 20A. AUTOPSY? (Yes or n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Soltim	E FINDINGS CONSIDI AUSES OF DEATH?	
21 D. TIME OF INJURY (APPROX.)			ile At Not Whil	e 🗂	NOW! OCCOR.		
22. I certify th	not (1) (this hospital	l) ottended t	he deceosed from	3-10-	1956 10	4-11-	1970
	ost sow the deceose		11-11-	19 70	that in (my) (our) o	ninian death accus	
						pon death occur	or on the dor
		ted obove. (I	(did) (did not) v	iew the body ofter deot	h.		
23A. SIGNATUPE	21	11	1		s. " ==	238, DATE SIGNED	
-	Harry	1/1/2	DEGREE Phy	nding Med.	Staff Phys.	4-13-	70
23 C. PHYSICIAN	5	1		23D. ADDRESS			
NAME (Type	Dr. Harry	I. Knin	n	4116 Edmond	son Avenue,	Ralto Md	7, - 40
24A. BURIAL CREMA			P DEGREE		· · · · · · · · · · · · · · · · · · ·	City, town, or county)	(Stote)
REMOVAL (Spe	ecily)				LUCATION	y, lown, or county)	taloley
Burial	4-15-70	Lou	don Park Ceme	tery	altimore, Ma	ryland	
APR 15	13/10 Robert	E Jal		Howard H. Hu	9	Wilkens Ave	
/C 160 PEV 1/1/69							



IMPORTANT

DIRECTOR:

FUNERAL

THISH MEMBERY HOSPITZ

147 W. PAIRICK SIREL

F W

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WAY / KNEWN

HOS PITHL RECORD DIMEN MINISTER IN

April 1000

OTHERN CAREIMAN

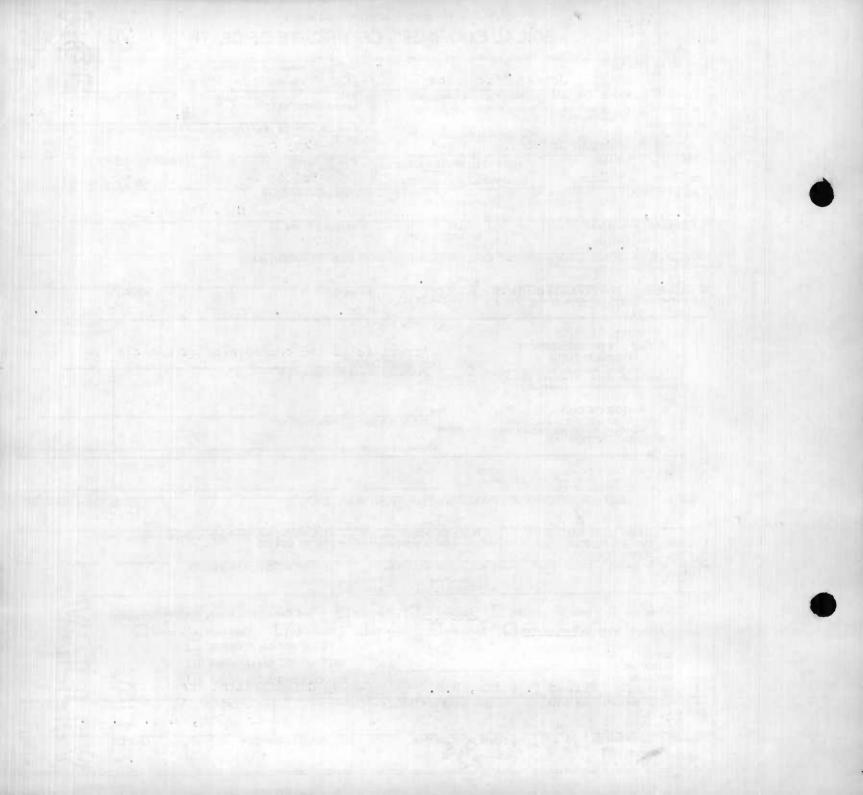
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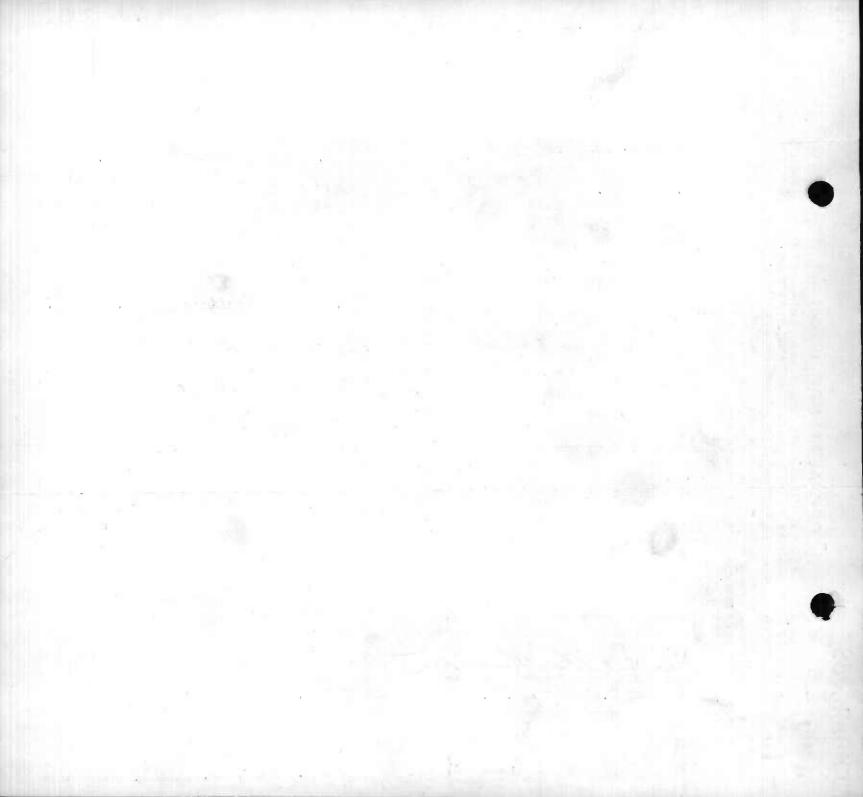
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Nethorns 2 An was rivion memorial yests 186

11/20	-	70	339	3 BALTIMO		ALTH DEPA							
14-62	5	MED	ICA	EXAMIN	IER'S	ERTIF	CATE	OF DE	ATH		70	399	33
BIRTH NO.										REG. NO)	000	
I. NAME OF DE	CEASED		В.			2. DATE OF	Known [₫ Mo	nth	Doy	Year	Hnur	
		Jame		erchenhan		DEATH	Estimoted						М.
FULL NAME OF HOSPITAL				RONOUNCED DE		3. DATE PRONO	UNCED DEA		inth 1	Doy	70	3:15	a.,
OR INSTITUTION						5. USUAL F	ESIDENCE (Where dece	osed live	f. If Instituti	on: residence	belore odm	Ission)
6. SEX	Sou 17. RACE	th Balt		e General		A. STATE	Maryla	nd		COUNTY	2	13	03
				RIED NEVER M		C. CITY OF			L.	. INSIDE	CITY LIMITS?		
male 9. DATE OF BIRT	whit		WIDON		ORCED L		Baltim				YES 🔀	но 🗆	
Nov. 25,	1905	10. AGE (Ir lost birthdo	64	Months Days H	ours & Min.	E. STREET	and numbi 16	30 Cl	arksc	n St.			
II. BIRTHPLACE	Stote or fore			12. CITIZEN OF WHAT COUN	ITRY?	13. FATHER	'S NAME	Herche	enhan				
TAA.USUAL OCCU	JPATION (G	ive kind of work	4B. KINI	OF BUSINESS O		15. MOTHE	R'S MAIDEN	NAME					
Arod.		ven li retired)	Tne	ulator Co		D,	se Mage	20					
16. WAS DECEAS		U.S. ARMED	FORCE	2 IIT. SOCIAL		18. INFOR		CC			ADDRESS		
	(If yes, give	wor or dotes	of service) SECURI	TY NO.			Homob	anha		30 Clar	lecon (4
19.	7 17			CALL	SE OF DEAT		buth V.	nercu	reinigi	1 10]		PROXIMATE I	
4/3	1991			CAU	SE OF DEA	п						VEEN ONSET	
DISEAS		DITION DIREC	CTLY	1	rterio	sclero	tic car	diova	scula	r dis	ease		
(This door o	LEADING 1	O DEATH mode of dyl		(A)!	MMEDIATE C	AUSE		a L O V d i	00010	2 020			
heart lollure	e, asthenia, é	tc. It meons the	disease.		DUE TO, OR A	S A CONSEC	UENCE OF:						
injury or co	mplicoilon wi	ilch coused dec	in.)										
	NTECEDEN			(8)_									
DISEASES	OR CONDI	TIONS, IF ANY	GIVING	Top I	UE TO, OR	S A CONSE	QUENCE OF:						
UNDERLYII	NG CONDI	TION LAST.	ING INE										
Ó				(c)_									-
O THE DE	ATH BUT NO	II ONDITIONS CO OT RELATED TO N GIVEN IN PA	THE TERM	INAL									
20A. DATE O				FOR WHICH OPE	RATION WA	S PERFORM	ED				21. AUTO	PSY7 (Yes	or No)
Olimpaning		NTRIB-		22B. PLACE OF IN	URY (e.g.,	n or obout 2 bldg., etc.) I	2C. WHERE I	DID (If in 8	oltimore (City, give e	wact location)		
UTING CA													
OF INJURY (APPROX.)	(Month)	(Doy) (Year) (Hou	WHILE AT WORK		WHILE -	2F. HOW DIE	DINJURY	OCCUR				
23.													
	tify that I		nquiry		Aut	opsy	and that	on this be	asis, de	ath In my	opinion		
resul	ted from	Naturol caus	ses K	Aecident -	Sulcid	Н П	micide 🔲	Unde	termine	manner			
	1/8	10	1	(00)		\	HIEF MEDIC		per				
ACTUAL		YUS	111	YN	44.0	ASSI	STANT MEDIC	CAL EXAMI	NER [DATE SIG	NED
EXAMIN	ER'S		1		M.D.				300	1			
NAME (1		erner U	J. Sp	itz M.D.		Deputy	CIVILIABLIC	Medic	ar b	amine	r	4/14/	70
24A. BURIAL CRE REMOVAL (Speci Ranga)	MATION,	24B. DATE	()	24C. NAME of	y Cros		RY	24D. LOCA Brook			or county)		ate)
25A. DATE REC'D	RY-HE ATT						HALED AL SIZ		, ,				
APR 15	1970	The BE	12	ME OF REGISTR	AR E	25C. 1	UNERAL DIR	C Gull	Ly		ADDRESS	t Ave	
VS 151-REV. 1/1/68	8												



11	, ,	10		Y HEALTH DEPARTMENT		70 3994
IRTH NO.	6	70 398	34 CERTIFICA	TE OF DEATH	REG. NO	.70 3334
NAME OF DE	CEASED			2. DATE AN	D HOUR OF DEATH	H
(ype or Print)	(aui)	se Dentor	Mundonf	Ann	il 14, 170	
PLACE IN BA	LTIMORE, MARY	LAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If	institution: residence before admission
				A. STATE B. COUN	1Y	101
ULL NAME OF	(IF NOT I	N HOSPITAL OR	INSTITUTION, GIVE STREET	Manyland	1	601
OSPITAL OR				C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
000	41 .	1.4		Baltimore		YES NO NO
10 25	N. Linu	wood Aven	ше	25 N. Linwood	1 1	
				2) N. LUNDOOC	rvenue	
F.	6. RACE		RRIED NEVER MARRIED DIVORCED	2/26/188	9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
A. USUAL OCC	UPATION (Give I	kind of work 10B. KI	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei	gn country)	12. CHIZEN OF WHAT COUNTR
11	working life, even	if retired)		D. 1.1 ·	1.1	1154
	evile			Baltimore, Mc	ingland	USA
FATHER'S NA				14. MOTHER'S MAIDEN NAM		
John	Thiess			Matilda Re	ebbel	
. Was Decease	d Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknow	n) (If yes, give v	war or dates of se	rvice) SECURITY NO.	M MILLET	- 110	021. 6 (11 6)
No				Mrs. Matildaff	eathars 3	
18. 25	0.91		CAUSE OF DEA	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEA	SE OR CONDI	ITION DIRECTLY			+1	0 1
	LEADING TO			Lengung out	ne lowe	clove_
(This does	not mean the	mode of dying,	e.g., (A) IMMEDIATE CA	Jeneumonia A CONSEQUENCE OF:		
		It means the di	seose,			
injury or co		ch caused deoth.	16	sertensore (CVV	2
	ANTECEDENT	CAUSES	(8) 27	ence		
DISEASES	OR CONDITIO	ONS, if any,	giving DUE TO, OR A	S A CONSEQUENCE OF:	10.4	
		use (A) sloling	g the	weter mel	elus	
UNDERLTIN	IG CONDITION	losi,	(c)		-4-4	***************************************
	H					
OTHER SIGNI		TIONS CONTRIBU				
DISEASE OR	CONDITION GIV	EN IN PART 1 (A).				
19A. DATE O	F OPERATION	198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
0						
21A. ACCIDI	ENT WAS UNDE	ERLYING [218. PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID	(If In Baltim	are City, glve exact location)
	SUTING CAUS		etc.)	office bldg. INJURY OCCUR?		
)			1 22 5 141 141 24 2 2 2 2 2 2 2 2 2 2 2 2 2 2	215 11611 215	110V 0.00****	
21 D. TIME	(Month) (Do	y) (Yeor) (Hour		21F. HOW DID INJ	URY OCCUR?	
(A PPROX.)			While At Not Wh	ile		
20 1	.1 . (1) (1 .	1 1 1			19 68 to Apr	17 17 10 10
			nded the deceosed from		-	
thot (I) (we) last sow the	deceased oliv	e on April 13,	19_70ond th	ot in (my) (our) of	pinion deoth occurred on the do
and hour ar	nd from the co	uses stoted obe	ave. (1) (We) (did) (did not)	view the body after death.		
23A. SIGNAT			4	,		23B, DATE SIGNED
100	0 1	7/10 MM	AIX AI	rending Med.	Staff	April 14, 1970
	les	rucy ru	CONTROL PH	ys. Director	Phys.	- PI LL LT, 1/10
23C.PHYSICI	AN'S		-	23D. ADDRESS	~.	
Charl	.es C. Ma	cMinn, M.	υ.	2900 E. Balti	more Stree	et
			DEGRE		OCATION '	City, town, or county) (State)
REMOVAL	(Specify) 24B.	DATE	24C. NAME of CEMETERY or C			City, town, or county) (Stote)
0 . 1		. 1 . 1 .	0 0 1 1 0	Bas	timore, M	aryland
		11/12/17	() (lab laum /			co egocor ec
SA. DATE REC'I	D BY HEALTH C	4/18/7 DEPT. 25B. N	O Oak Lawn (en	250 FUNERAL DIRECTOR		ADDRESS
	D BY HEALTH C	4/18/7 DEPT. 25B. N.	O Oak Lawn Cen	250 FUNERAL DIRECTOR		0
	BY HEALTH C	4/18/7 DEPT. 25B. N	O Oak Lawn Cen	2500 FUNERAL DIRECTOR		0



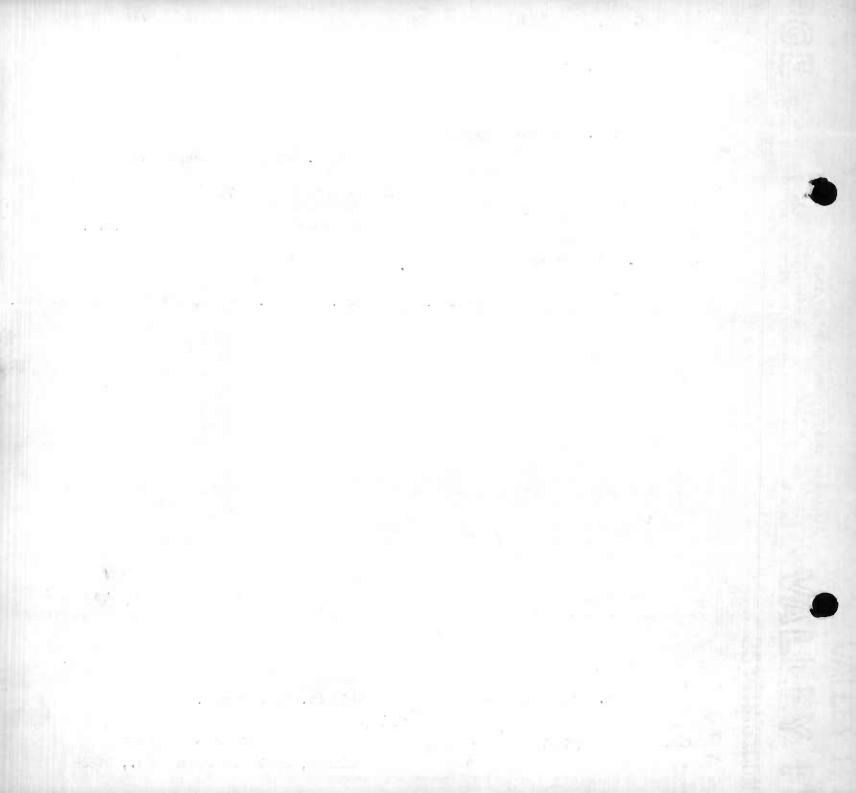
his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
Thi	the	sho	NO.	dec	W	

G-620	70 38	10) = _		HEALTH DEPARTMENT TE OF DEATH	REG. NO.	70	3995
BIRTH NO.			LKIIIICA	IL OF DEATH			
1. NAME OF DECEASE! (Type or Print)	GRACIE,	LESTER JA	MES	2. DATE A	IL 14, 19	- 0	4:30 P.
3. PLACE IN BALTIMO	RE MARYLAND, WHE	RE PRONOUNCED I	DEAD	4. USUAL RESIDENCE IWHO	ere deceased lived. If	institution: reside	nce before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	IF NOT IN HOSPITAL	OR INSTITUTION, C	HVE STREET	MARYLAND C. CITY OR TOWN	Balta (8	53-00
				RANDALLSTON		SIDE CITY LIMITS	-
ST AGNES	HOSPITAL			E. STREET AND NUMBER		YES L	No 🔀
40				3620 TEMPL	AR ROAD		
	HITE W	MARRIED NEVE	DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthdox)	Months Doy	If Under 24 Hrs. Hours Min.
OA. USUAL OCCUPATION	ON (Give kind of work 10 E	KIND OF BUSINES	S OR INDUSTRY	11. BIRTHPLACE (Stote or fore	righ country)	112. CITIZEN	OF WHAT COUNTRY
SHIPPING M	life, even if refired)			PENNSYLVAN			S.A.
3. FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME		
THOMAS GR	ACIE			SARAH WHITT	TLE		
S. Was Deceased Ever (es, no or unknown) (If ye	- II C A E	1 6. SOC			KENS AVES	AD	DRESS
	.W.2		05-2427	ST AGNES HOS			2
18. W	- VY . Z		USE OF DEATH		P DALIU		PROXIMATE INTERVAL
(This does not me	CONDITION DIRECTING TO DEATH on the made of dylenia, etc. it means the	na ea (4	NIMMEDIATE CAUS	CONTENUE OF	na of the	head	of Pancrea
injury of complicati	an which caused dec	ith.)	olistre	actua june	lice to	No. I	
	ONDITIONS, if any,	(B	DUE TO OP AS	A CONSEQUENCE OF:			
rise la lhe abo	ve cause (A) sla	ling the		CONSEQUENCE OF:			
	11	· ·					
TO THE DEATH BUT	CONDITIONS CONTRING RELATED TO THE TI	RMINAL		**************************************			** * * * * * * * * * * * * * * * * * *
19A-DATE OF OPER	ATION 198 CONDITION WAS PERFORM	ON FOR WHICH O	FERATION	NO	208, IF YES, WERE	FINDINGS CON	NSIDERED H?
21A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medic	S UNDERLYING CAUSE OF ol exomined	21B PLACE O home, form, i	F INJURY (e.g., in loctory, street, offi	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimo	ore City, give exo	ect location)
21 D. TIME IMONI OF INJURY (APPROX.)	h) (Doy) (Yeori IH	While At Work	OCCURRED Not While At Work	21F. HOW DID INJ	URY OCCUR?	· · · · · · · · · · · · · · · · · · ·	
22. I constitu show	(this hospital) at			RCH 24	70 APPI	1 1/1	70
	y (this hospital) at law the deceased a			= 0	at in (m)() (our) ap		corred an the date
and haur ond fram	the causes stated	above. () (We) (d	id) (offer mot) vi	ew the bady after death.	7		
23A. SIGNATURE	. /	, M.D	Atten		Staff Phys.	23 B. DATE SIC	ONED TA
23C-PHYSICIAN'S NAME (Type)	,		DEGREE Phys.	D	TO MD 212	29	7-10
A. BURIAL CREMATIO	AMS, M.D.	24C. NAME of C	DEGREE DEGREE	AGNES HOSPI	TAL, CATO	_	
REMOVAL (Specify)						A THE STREET	
Burial 5A. DATE REC'D BY HE	4/18/70 ALTH DEPT 1258	NAMA OF REGIST	hedral Ce		ltimore, Ma		DDBESS
APR 16 19	O Robert E.	Janber A.D.		Witzke, 1630	Edmondson	Avenue	DDRESS
150-REV. 1/1/68							

25 77 2 • • •

FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be the body was released shows: (1) An accident owas D.O.A. at a hospita deceased prior to death written approval must b.

	1 1910	000	BALTIMORE CITY	HEALTH DEPARTMENT		70 2000
J-35	/ 70 3	996	CERTIFICA	TE OF DEATH	REG. NO	70 3996
BIRTH NO.	DECEASED				AND HOUR OF DEATH	
Type or Print)		h Stanal			4/13/70	
3. PLACE IN I	Wm. Ralp			4. USUAL RESIDENCE (W	here deceased lived. Il i	
FULL NAME OF			UTION, GIVE STREET	A. STATE B. CO		1205
NOTTUTION		1	Avenue	C. CITY OR TOWN	D. fNS	SIDE CITY LIMITS?
	115 E. Lafa	yette 🖼	treet	Baltimore E. STREET AND NUMBER		YES NO NO
00					yette 36766K	Avenue
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
"ale	White	WIDOWED	DIVORCED X	2/16/1895	75	
	CCUPATION (Give kind of wo		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or I	oreign country)	12. CITIZEN OF WHAT COUNTRY
Retire	t of working life, even if retired) 구			Maryland		U.S.A.
3. FATHER'S	••			14. MOTHER'S MAIDEN N	IAME	
Joseph	h W. Stonebrak	er		Laura		
	sed Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unkn	own) (II yes, give wor or do	tes of service)	SECURITY NO.			
10			214-16-8044	Mrs. Laura I	. Dunbar, 51	7 Chestnut Hill Ave
18.	101		CAUSE OF DEAT	•		APPROXIMATE INTERVAL
7 DIS	EASE OR CONDITION D		Aci	te Myoczad	iz Infanit	ion sudden
	LEADING TO DEATH			A CONSEQUENCE OF:		Dooben
	s not meon the mode o are, osthenio, etc. Il mean		DUE TO, OR AS	A CONSEQUENCE OF:		
	complication which couse		Aut	exicosclerosi	b	Years
	ANTECEDENT CAUSE	S				700.7
DISEASES	OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	the above cause (A)	stating the				
UNDERLY	ING CONDITION lost.		(C)			
7	11					
	NIFICANT CONDITIONS CO					
	OF OPERATION 198. CO	RT 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or	Nol 208 IS VES WEDE	EINDINGS CONSIDERED
E ITA. DATE		REPORMED	WHICH OFEKATION	ZOA. AUTOPSI: (Tes of	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE	DENT WAS UNDERLYING	216	R PLACE OF INITIDATE A	n or obout 21 C. WHERE DID	itt in Rollima	ore City, give exoct location)
OR CONT	RIBUTING CAUSE OF ofily medical examiner	hon	ne, lorm, foctory, street, of	fice bldg., INJURY OCCUR	, (ii iii suiiiiiu	ore chy, give exact localian;
D 21 D. TIME		(Hour) 21 E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY			hile At Not Whil			
		We			5 19 114 10	1. 1.0 70
22. 1 cert	ify that (1) (shisthospita	al) attended t				April 13 1970
that (1) (1	last saw the deceas	sed alive an.	V 26 2	-> 1947 and	that in (my) (gus) ap	inlan death accurred an the da
and haur	and from the causes st	ated abave. (I) (We) (did) (did nat) v	iew the bady after deat	h.	
23A, 5IGN	ATURE					23B. DATE SIGNED
	1. Frank Sua	plu III	Dhu	nding Med.	Staff Phys.	4)14)70
23C. PHYSI NAM	1 '		DEGREE	23D. ADDRESS		
NAM	Dr. Frank	Sunnles		1010 St. Pau	Street	
44 01/0144			DEGREE			Silv. to an account to the con-
REMOVA	CREMATION, 24B. DATE	24C. N	AME of CEMETERY or CR	EMATORY 24D	LOCATION (C	City, town, or county) (Stote)
Burial	1./16/	70 P.	nee Hill	Ha	gerstown, Ma	ryland
SA. DATE RE	C'D BY HEALTH DEPT.	25B NAME	OF REGISTRAK	25C. FUNERAL DIREC	TOR	ADDRESS
APRI	B 1970 Kater &	- Valley	, 160,	Witzke, 410	1) Edmondson	Ave., 21229
711 13	(1)(1)	9			1.	

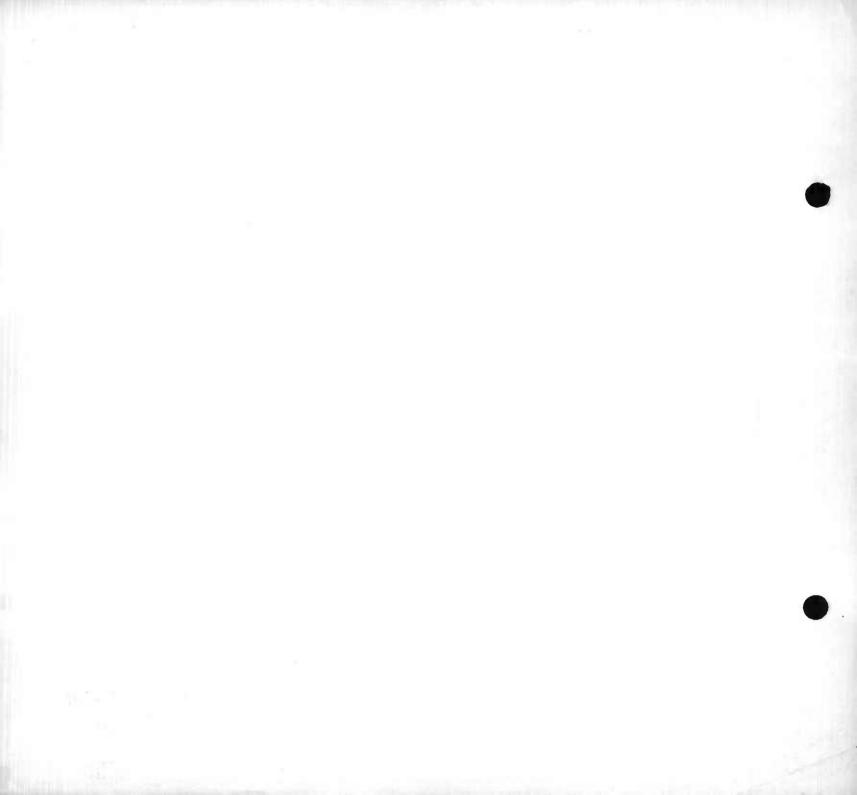


IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



FUNERAL DIRECTOR:

K-366 70 200	,	Y HEALTH DEPARTMENT	REG. NO.	70 2000
I. NAME OF DECEASED IType or Print BABY BOY KET	NAR	ATE OF DEATH	D HOUR OF DEATH	0000
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	(IIA HEHAL BESIDENCE IMA	3-21-7	0 3:30 P. N
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)		A. STATE B. COUN		stitution: residence before admission
43 South BALTO. GE	N. Hosp.	E. STREET AND NUMBER	rá St	YES NO NO
M WIDOWEI		3-19-20	9. AGE IIn years lost birthday!	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND (done during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of forei	gn country)	12. CITIZEN OF WHAT COUNTRY
		MARYLA	ND	4.517
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
Cocil Kemor		Carolyn	Torrester	
5. Wos Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18-7//	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CA	ISE Hypline Me	rul Ds.	
(This does not meon the made of dying, e.g. heart failure, osthenia, etc. It means the disease	DUE TO, OR AS	A CONSEQUENCE OF:	4-4-6-4	***************************************
injury or complication which caused death.)	P			
ANTECEDENT CAUSES	(B) /le	watnily		
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)	**********************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************	***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING [1]		NO	208 IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF hor DEATH (notify medical examiner)	B. PLACE OF INJURY (e.g., in mo, form, foctory, street, or)	n or obout 21 C. WHERE DID lice bldg., INJURY OCCUR?	(If In Boltimore	City, give exect location)
E OF INJURY	LINJURY OCCURRED hile At Not While At Work	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (2) (this hospital) attended	AI 110IK	3-19-10 10		3 5 3 / 7/5
that (I) (we) lost sow the deceased office on	3 - 2	19 70 ond the		ion death occurred on the date
ond hour and from the couses stated above. (l) (We) (dld) (dld not) v	lew the body ofter deoth.		
23A. SIGNATURE	Z MD Atte	nding Med. S		23 B. DATE SIGNED
23C. PHYSICIAN'S	DEGREE FRY	Director L P	hys.	3-71-70
NAME (Type)	1ELO COTON	23D. ADDRESS	es. Ges.	U.C.
24A. BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY OF CA	MARIE ON Y 340 Aso	GATION TO	(State)
25A, DATE RECID BY HEALTH DEPT. 125B, NAME	OF_REGISTRAR	NIVERSITY M	EDICAL S	CHOOL ADDRESS
ADD 1 6 1970 P. Jak & Jake		BEAD THE A TOTAL	CEDVICE	
The state of the s	T	- MIRTIARY	AFRA II F	BCHD



BIRTH NO. 7	0 70	3998	BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT	REG. No	70 3999 7
T.NAME OF DECE		Thomas	ine		AND HOUR OF DEAT	H 10:10 P.
3. PLACE IN BALTI	MORE MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE IN A. STATE B. CO	here deceased lived If	institutions residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	Provident	Hospi		Maryland c.city or town Baltimore	D. IN	ISIDE CITY LIMITS? YEST NO T
39	1514 Divi Baltimore		reet ryland 21217	E. STREET AND NUMBER 1413 Argyle		YES NO
Female	Negro	WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 4-9-70	9. AGE (In years last birthday)	If Under 1 Yr., Il Under 24 Hrs. Manths: Days Hours Min.
dene doring mast of wa	irking life, even if refired)	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Baltimore M	arvland	U. S. A.
13. FATHER'S NAME	Jerome Di	ggs		14. MOTHER'S MAIDEN N Thomasine N	AME	1
15. Wee Deceased E (Yes, no or unknown)	ver in U. S. Armed far I yes, give war or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	Miss Thomasi	ne McCree-1	Address Mother Same
DISEASES OR	Ill ANT CONDITIONS COIS	any, giving staling the		A CONSEQUENCE OF:	0	***************************************
19A-DATE OF O	PERATION GIVEN IN PART 198 CONT WAS PERF	DITION FOR V		110	No.) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTION	WAS UNDERLYING NG CAUSE OF edicol exominer)	21B. hom etc.)	PLACE OF INJURY (e.g., in e, farm, factory, street, offi	or obout 21 C. WHERE DID INJURY OCCUR?	(II to Boltimo	ore City, give exact location)
OF INJURY (APPROX.)	Aonth) (Day) (Year)		INJURY OCCURRED Ie Al Wark At Wark	21F. HOW DID IN	JURY OCCUR?	
that (I) (we) Ia	st saw the decease	d olive on 4		19ond 1	19to	inion deoth occurred an the date
23A. SIGNATURE	Lestel	lh	(We) (did) (did not) vi		Staff Phys.	23R DATE SIGNED April 10, 1970
23C. PHYSICIAN'S NAME (Type	LORY EST	TELLA		1514 NAVION	VS trackRAP 1	Patarytranda
REMOVAL (Spec	4-14-	24C. NA	ME of CEMETERY OF CREA	UNIVERS	ITY MEDIC	ity, town, or county) (State) CAL SCHOOL
SA. DATE REC'D BY	TO REPT.	258 NAME O	E REGISTRAR	25C. FUNERAL DIRECTO	V CEBUIC	C DCHD



1	M-324		BALTIMORE CITY	HEALTH DEPARTMENT			1
	IRTH NO. 70 0656210	40	00 CERTIFICA	TE OF DEATH	REG. NO	70 4000	7
	YPE OF PROPERTY BALL	nit	14.011	2. DATE AN	D HOUR OF DEATH	1,451	÷
3	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where docoosed lived, A. STATE B. COUNTY					nstitution: residence before admission	M.
H	OSPITAL OR IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! PROVIDENT HOSPITAL SEX 6-RACE 7- ALARBIED DIRECT LARGE			Maryland		2823	
10				Baltimore	D. INSI	IDE CITY LIMITS?	_
3				E. STREET AND NUMBER		YES 🔼 NO 🗌	
5.				2111 Crimen J	The same of the sa		
	MC	WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 4-5-70	9. AGE (in yeors lost birthdoy)	Il Under 1 Yr. Il Under 24 Hr Months Doys Hours Min.	8.
t0 do	A. USUAL OCCUPATION (Give kind of work one during most of working life, even if refired)	10B. KIN		11. BIRTHPLACE (Stole or fore	gn country)	12. CITIZEN OF WHAT COUNTI	RY?
L				MARYCA	N	USA	
13	GARY L. MICHELL		14. MOTHER'S MAIDEN NAME			_	
15.	Wos Deceased Ever in U. S. Armed Forces? s.no or unknown) (If yes, give wor or dotes of servi			EVE LYN	DILB	<u>Y</u>	
(Y	es.no or unknown) (If yes, give wor or dole	s of serv	ice) SECURITY NO.	Evelyn Mitch	ell- Mothe	ADDRESS EE RSAME	
-	1B. 7777		CAUSE OF DEATH			APPROXIMATE INTERVAL	_
1	DISEASE OR CONDITION DIRECTLY						
	LEADING TO DEATH [This does not meen the mode of dying, e.g., [A] MMEDIATE CAUSE Thursduring						
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) DUE TO, OR AS A CONSEQUENCE OF:						
1	ANTECEDENT CAUSES						
				A CONSEQUENCE OF:		***************************************	
	HADERI VING CONDITION			TOTAL COLLEGE		0.00	
	CNOERLING CONDITION last. (C)						
ON OF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
CAJ	DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A-DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION			120A			
ERTIF	WAS PERFORMED			NO NO	IN CERTIFYING CAU	INDINGS CONSIDERED JSES OF DEATH?	
O	OR CONTRIBUTING CAUSE OF		21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi	or obout 21C. WHERE DID	(if in Boltimore	City, give exect location)	-
SICAL	DEATH (notify medical examiner)						
ME	21 D. TIME (Month) (Doyl (Yeor) (Hour) OF INJURY (APPROX.)		21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? White At Not White Not W				
		Work At Work					
	22. I certify that (i) (this hospital) attended the deceased from 19 10 to 19 10 to 19 10						
	that (1) (we) last saw the deceased alive an						
	and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.						
	26 Stella M. D. Attending Med. Director Phys. 238-DATE SIGNED (1) /70						
	23 GPHYSICIAN'S NAME (Type)						
L	LORY ESTELLA M.D. ANATOMY BOARD UE MANTELAND						
24/	REMOVAL (Specify)	240	C. NAME OF CEMETERY OF CREA	MATORY 24D. LO	CATION A I (CIO	(State)	-
25.4	DATE REC'D BY HEALTH	10		WINEKZIII W	ILDICAL S		
234	ADR 16 1970 Pales	E Ja	OF REGISTRAR	MORTUARY	SERVICE	- BCHD RESS	-
Vs	150-8EV-1/1/68		The second second	MIUNIUANI	SLATICL	- 5424	-

2111crime a Rd.

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